

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA
CIVIL ACTION NO. 21-02500

-----x

COLLEN BEHM,

Plaintiff,

v.

MACK TRUCKS, INC., and
UNITED AUTO WORKERS LOCAL 677,
Defendants.

-----x

1601 Cherry Street
Philadelphia, Pennsylvania
March 8, 2022
10:10 a.m.

DEPOSITION of COLLEEN BEHM, the
Plaintiff, held at the above-entitled time and
place, taken before Carolyn Crescio, a
Professional Shorthand Reporter and Notary
Public of the State of Pennsylvania.

* * *

A P P E A R A N C E S:

LAW OFFICES OF ERIC A. SHORE, P.C.

Attorneys for Plaintiff

1500 JFK Boulevard

Suite 1240

Philadelphia, Pennsylvania 19110

BY: GRAHAM F. BAIRD, ESQ.

JACKSON LEWIS, PC

Attorneys for Defendant MACK TRUCKS, INC.

15 South Main Street

Suite 700

Greenville, South Carolina 29601

BY: ELLISON F. MC COY, ESQ.

-and-

D. RANDLE MOODY, II, ESQ.

CLEARY, JOSEM & TRIGANI, LLP

Attorneys for Defendant United Auto Workers Local
67

325 Chestnut Street

Suite 200

Philadelphia, Pennsylvania 19106

BY: CASSIE R. EHRENBURG, ESQ.

ALSO PRESENT:

Kaitlyn O'Neill

1
2 THE COURT REPORTER: The
3 attorneys participating in this
4 deposition acknowledge that I am not
5 physically present in the deposition
6 room and that I will be reporting
7 this deposition remotely.

8 They further acknowledge that, in
9 lieu of an oath administered in
10 person, I will administer the oath
11 remotely.

12 The parties further agree that if
13 the witness is testifying from a
14 state where I am not a Notary, that
15 the witness may be sworn in by an
16 out-of-state Notary.

17 If any party has an objection to
18 this manner of reporting, please
19 state now.

20 [NO RESPONSE]

21 THE COURT REPORTER: Hearing
22 none, we can proceed.

23 - - -

24 C O L L E E N B E H M, the witness herein, after
25 having been first duly sworn by a Notary Public of

1 C. BEHM

2 the State of Pennsylvania, was examined and
3 testified as follows:

4 BY THE COURT REPORTER:

5 Q. Please state your name for the
6 record.

7 A. Colleen Behm.

8 EXAMINATION

9 BY MR. MC COY:

10 Q. Good morning.

11 A. Good morning.

12 Q. I'm sorry, I've been saying
13 Ms. Behm. It's Behm; is that right? I just
14 want to make sure.

15 A. Behm.

16 Q. Behm. Okay. I apologize if I --

17 A. It's okay.

18 Q. -- if I mispronounce it.

19 A. Behm, Behm, I'll know who you're
20 talking about.

21 Q. I'll apologize up front. Okay?

22 Good morning. My name is Ellison McCoy.
23 I'm an attorney with Jackson Lewis. Actually,
24 we are here at your offices in Philadelphia, but
25 I practice in our office in South Carolina.

1 C. BEHM

2 With me today is my colleague, Randy
3 Moody, who is also in the South Carolina office.
4 I believe you know who Kaitlyn O'Neill is; one
5 of the human resources business partners at Mack
6 Trucks.

7 A. Yes.

8 Q. And, also, Cassie Ehrenberg who is
9 attorney for the Local UAW in this case.

10 We are here today for the purpose of
11 taking your deposition in the lawsuit that you
12 have filed against Mack Trucks. Have you ever
13 had a deposition taken before?

14 A. No.

15 Q. So let me just give you a little bit
16 of background. Your attorney may have explained
17 this to you already. I can't just pick up the
18 phone and call you and ask you why you're suing
19 my client. So we have to do it in this somewhat
20 formal setting before a court reporter.

21 So this is my opportunity to ask you
22 questions about your lawsuit. And so I'm here
23 to find out information. I'm not trying to
24 trick you or anything like that, so if at any
25 point in time during the deposition you don't

1 C. BEHM

2 understand my question, you're confused by my
3 question, just let me know. I'll be glad to
4 restate it, repeat it, do whatever we need to do
5 to make sure the record is clear.

6 If you don't understand what I'm asking
7 you, just let me know. If you don't hear what
8 I'm saying -- you know, I do have a little bit
9 of an accent, but, you know --

10 A. My parents are from South Carolina.

11 Q. Oh, really? Where?

12 A. Ladson.

13 Q. Oh, wow. So you're used to the
14 accent.

15 A. Yes.

16 Q. Okay. So, hopefully, we won't have
17 an issue, but if we do, just let me know.

18 When you answer my question, I'm going to
19 assume that you heard my question, that you
20 understand my question, and that you're giving
21 me a complete and truthful answer to that
22 question; is that fair?

23 A. Yes.

24 Q. I would ask that you please try to
25 give verbal answers to my questions. I know we

1 C. BEHM

2 like to nod or shake our heads, but that doesn't
3 show up very well on the transcript --

4 A. Okay.

5 Q. So if you shake your head or nod
6 your head, I'm may ask you, Is that a "yes" or
7 "no"? I'm not being rude. I'm just, again,
8 trying to make sure the record is clear.

9 A. Absolutely.

10 Q. If, during the deposition, you have
11 any questions, I would ask you to direct them to
12 me. If there's something I need to discuss with
13 your attorney, I'll be glad to do so, but now
14 that we are on the record, you need to address
15 any questions and or concerns to me.

16 A. Okay.

17 Q. And if you need to take a break for
18 any reason, just let me know. I will take
19 breaks because I had a couple of cups of coffee
20 this morning, but if you need one, just let me
21 know. The only caveat I would say is if there's
22 a question pending, I would ask that you answer
23 the question, and then we can take a break.

24 A. Okay.

25 Q. Do you understand the instructions

1 C. BEHM

2 I've given you?

3 A. Yes.

4 Q. All right. I'm going to ask you a
5 couple of personal questions. The reason for
6 these questions is to make sure that our record
7 is clear today.

8 Are you on any sort of medication today
9 that will impair your ability to answer my
10 questions completely and truthfully?

11 A. No.

12 Q. Have you consumed any alcoholic
13 beverages in the past eight hours?

14 A. No.

15 Q. Do you have any physical or mental
16 condition that would impair your ability to
17 answer my questions completely and truthfully
18 today?

19 A. No.

20 Q. Now, is there any other reason that
21 you are not prepared to proceed with your
22 deposition at this time?

23 A. No.

24 Q. And you understand you've been
25 placed under oath and that the Court can impose

1 C. BEHM

2 penalties if you fail to tell the truth?

3 A. Yes.

4 Q. Thank you. All right.

5 Can you please give me your full name?

6 A. Colleen Sara Behm.

7 Q. How do you spell Sara?

8 A. S-A-R-A.

9 Q. And what is your Social Security
10 number?

11 A. 188-70-4810.

12 Q. I always like to tell witnesses, I'm
13 asking that for the record. We will not put
14 your Social Security record into anything we
15 file in this case. It's just for verification
16 purposes.

17 Where do you currently live?

18 A. West Lawn, Pennsylvania.

19 Q. What's your street address there?

20 A. 216 Halsey, H-A-L-S-E-Y, Avenue --
21 West Lawn, two words -- Pennsylvania, 19609.

22 Q. Who currently lives with you at that
23 address?

24 A. Me, my daughter, and my son. And,
25 occasionally, my boyfriend spends the night.

C. BEHM

Q. What is your daughter's name?

A. Jana.

Q. Can you spell that for me, please?

A. J-A-N-A. Same last name.

Q. How old is she?

A. Four.

Q. And your son, what's his name?

A. Brodee, B-R-O-D-E-E. Last name,
C-A-N-N-O-N.

Q. How old is he?

A. Twelve.

Q. And who is your boyfriend?

A. Corey. E-Y.

Q. And what's his last name?

A. Same as mine.

Q. So this would also be your
ex-husband?

A. Ex-husband.

Q. What is your date of birth?

A. May 22nd, 1989.

Q. And where were you born?

A. Pottstown.

Q. Pennsylvania?

A. Yes.

1 C. BEHM

2 Q. Did you attend high school?

3 A. Yes.

4 Q. Where did you go to high school?

5 A. Governor Mifflin.

6 Q. What town was that located in?

7 A. Shillington.

8 Q. Did you graduate from Governor
9 Mifflin High School?

10 A. Yes.

11 Q. What year?

12 A. 2007.

13 Q. All right. After you finished high
14 school, did you go on to college?

15 A. I took some classes. I never
16 graduated from college.

17 Q. Where did you take classes?

18 A. Berks Career Technology Center for
19 cosmetology. Berks Technical Institute for
20 criminal justice.

21 Q. Let me stop you. The first one,
22 berks Career -- what was it?

23 A. Berks Career Technology Center.

24 Q. And that was for cosmetology
25 classes?

1 C. BEHM

2 A. Yes.

3 Q. When did you take those classes?

4 A. In 11th and 12th grade. And for a
5 year after I graduated high school.

6 Q. Why did you stop taking those
7 classes?

8 A. I wasn't interested.

9 Q. Have you ever worked in the
10 cosmetology field?

11 A. No.

12 Q. All right. So then you also said,
13 Berks --

14 A. Technical Institute.

15 Q. -- Technical College -- Technical
16 Institute. Okay.

17 A. Uh-huh.

18 Q. And you studied criminal justice
19 there?

20 A. Yes.

21 Q. When did you take those classes?

22 A. I took those classes from, I would
23 say, around 2011 to 2013, is when I stopped.

24 Q. Were you taking those classes while
25 you were working?

1 C. BEHM

2 A. Yes.

3 Q. How far along did you get in the
4 criminal justice program?

5 A. About two years in.

6 Q. Did you earn a degree?

7 A. No. I stopped classes.

8 Q. Why did you stop those classes?

9 A. Because I got a DUI in 2013. And I
10 wasn't sure how that would affect my career.

11 Q. Besides those, the Berks Career
12 Technology Center and the Berks Technical
13 Institute, have you taken any other college
14 classes?

15 A. McAllister Institute.

16 Q. Where is that located?

17 A. It was online classes, but they are
18 based out of New York.

19 Q. What kind of courses were you
20 taking?

21 A. Funeral directing.

22 Q. When did you take those courses?

23 A. I took those courses from 20 -- end
24 of 2016 to the end of 2017.

25 Q. And do you, like, earn a certificate

1 C. BEHM

2 in that? What do you -- is there a degree?

3 A. No. I stopped classes for that,
4 also.

5 Q. I'm just curious. I mean, would you
6 have earned a degree, potentially?

7 A. Yes, funeral directing.

8 Q. Okay. And why did you stop taking
9 those classes?

10 A. Because I was offered a job at Mack.

11 Q. How did you get interested in
12 funeral directing?

13 A. I got really interested because of
14 criminology in the criminal justice system, and
15 I got so used to seeing uncomfortable situations
16 with homicide and everything, so I thought, Oh,
17 I could do this, and with cosmetology
18 background, also, be pretty good.

19 Q. And you have not gone back and taken
20 any more of those classes?

21 A. No.

22 Q. All right. Any other college-level
23 courses since you graduated high school?

24 A. No.

25 Q. Do you currently have any

1 C. BEHM

2 professional certifications or licenses?

3 A. No.

4 Q. Do you currently belong to any
5 organizations or associations?

6 A. No.

7 Q. Do you have a church that you
8 regularly attend?

9 A. No.

10 Q. You mentioned that your parents are
11 from South Carolina. Do they currently live in
12 Pennsylvania?

13 A. My dad and stepmom are from South
14 Carolina.

15 Q. Where do they currently live?

16 A. Ladson.

17 Q. So they are still in South Carolina?

18 A. Yes.

19 Q. When did your dad and stepmom move
20 to South Carolina?

21 A. My dad moved there when I was two,
22 and that's where he met my stepmom.

23 Q. What about your mother? Is she
24 still alive?

25 A. Yes. She came here from Poland.

C. BEHM

Q. Where does she live?

A. In Shillington, Pennsylvania.

Q. What is your mother's name?

A. Joanna.

Q. What's the last name?

A. Weaver.

Q. I didn't ask, and I apologize.

What's your dad's name?

A. Glenn. Last name John, J-O-H-N.

Q. What about your stepmother? What is her name?

A. Pam, Pamela.

Q. Is your mother married?

A. Yes.

Q. What is her husband's name?

A. Bryan Weaver.

Q. Is your mother currently employed?

A. Yes.

Q. Where does she work?

A. She's a clinical director for the Children's Clinic of Wyomissing.

Q. And how about Bryan? Is he employed?

A. Yes.

1 C. BEHM

2 Q. Where does he work?

3 A. I don't know the company name. He's
4 a welder.

5 Q. Do you have any grandparents that
6 live in Pennsylvania?

7 A. Yes.

8 Q. Tell me their -- the ones that live
9 in Pennsylvania, can you please tell me their
10 names?

11 A. I don't know my father's biological
12 parents' names. He was adopted, but my
13 grandmother is Anita Turner. She's in Exeter.

14 Q. Anybody else?

15 A. Uh-uh.

16 Q. Is she employed anywhere?

17 A. No.

18 Q. Do you have any siblings?

19 A. Yes.

20 Q. How many?

21 A. I have an older sister, Bridget.
22 Last name, John. She's in Johnstown,
23 Pennsylvania. And I have a half brother named
24 Nicholas, in South Carolina.

25 Q. Is his last name John, as well?

1 C. BEHM

2 A. Yes.

3 Q. Is Bridget currently employed?

4 A. Yes.

5 Q. Where does she work?

6 A. Children's Clinic of Wyomissing.

7 She's an LPN.

8 Q. Any other siblings?

9 A. No. Do step-siblings count?

10 Q. Well, do you have any that live in
11 Pennsylvania?

12 A. Yes.

13 Q. Okay. Then, yes, please let me
14 know.

15 A. Okay. Bryan Weaver. That's my
16 stepbrother.

17 Q. Where does he live?

18 A. I do not know. Lebanon area.

19 Q. Do you know if he is employed?

20 A. I don't.

21 Q. Any other step-siblings?

22 A. No.

23 Q. All right. I take it you're not
24 currently married to Mr. Behm?

25 A. No. I divorced him.

1 C. BEHM

2 Q. When did you get married to
3 Mr. Behm?

4 A. In 2018, July 7th.

5 Q. And when did you get divorced from
6 him.

7 A. The divorce was finalized in
8 March of 2019 -- no, I'm sorry, 2020.

9 Q. His name is Corey?

10 A. Yes.

11 Q. Is Corey currently employed?

12 A. Yes.

13 Q. Where does he work?

14 A. He was just doing terrazzo in New
15 York City, and he's switching companies. I
16 don't know the company name.

17 Q. What is terrazzo?

18 A. Like flooring in airports. He was
19 working in a subway at Grand Central Station,
20 and flooring that.

21 Q. I know you indicated that Corey
22 sometimes visits your house. Where does he
23 reside?

24 A. Everywhere. He travels for work,
25 so...

1 C. BEHM

2 Q. Does he have a house or an
3 apartment?

4 A. His parents just moved to the
5 Poconos, so sometimes there because of New York.

6 Q. What are Corey's parents' names?

7 A. Penny Behm and Robert Behm.

8 Q. I know at one point Robert worked at
9 Mack, correct?

10 A. Yes. He's still employed.

11 Q. Is he in management?

12 A. No.

13 Q. And what about Penny, is she
14 employed?

15 A. She sells on Mercari, so I guess
16 self-employed.

17 Q. Okay. And you said they just moved
18 to the Poconos?

19 A. Yes.

20 Q. What town do they live in?

21 A. I don't know. Somewhere in Poconos
22 Mountains.

23 Q. Does Corey have any siblings?

24 A. Yes.

25 Q. What are their names?

1 C. BEHM

2 A. Nicholas. He's older. And Jesse,
3 same last names.

4 Q. Where does Nicholas live?

5 A. Fleetwood.

6 Q. Do you know if he's employed?

7 A. That, I don't know.

8 Q. What about Jesse? Is Jesse a "she"
9 or a "he"?

10 A. He. J-E-S-S-E. He's in Blandon.

11 Q. Do you know if Jesse is employed?

12 A. He's a stay-at-home father.

13 Q. Outside your marriage to Mr. Behm,
14 have you been married previously?

15 A. No.

16 Q. Now -- and let me just -- I ask all
17 of these questions about family members because,
18 obviously, this is a -- you know, you requested
19 a jury trial in this case. So if the case goes
20 to trial, then we need to know a lot of
21 background information to make sure --

22 A. That's fine.

23 Q. -- we don't end up with a relative
24 on the jury.

25 A. Uh-huh.

1 C. BEHM

2 Q. I noticed one of your children has a
3 different last name, correct?

4 A. Yes.

5 Q. So who is the father of that child?

6 A. Andrew Cannon.

7 Q. And you were not married to
8 Mr. Cannon?

9 A. No.

10 Q. Do you know where Mr. Cannon lives?

11 A. West Lawn, Pennsylvania.

12 Q. Do you know if he's employed?

13 A. He is.

14 Q. Where does he work?

15 A. Bimbo Bakeries. He's a supervisor.

16 Q. And I take it Corey Behm is
17 the father of your daughter?

18 A. Yes.

19 Q. And do you have any stepchildren?

20 A. He has a son. Aiden, A-I-D-E-N.

21 Q. How old is he?

22 A. Thirteen.

23 Q. I've gone through your immediate
24 family members. And, you know, again I'm going
25 to ask you a general question again. This is

1 C. BEHM

2 for in case we, you know, pick a jury in this
3 case.

4 Do you have any other relatives that we
5 have not covered so far that live in Eastern
6 Pennsylvania? If so, can you give me their last
7 names, please?

8 A. My -- I guess my dad's stepbrother,
9 Charles. Charles -- Chuck Turner. And my
10 cousins.

11 Q. Do you know their last names?

12 A. Ian Soderstrom.

13 Q. Can you spell that last name for me?

14 A. S-O-D-E-R-S-T-R-O-M.

15 Q. You didn't know this was going to be
16 a spelling test.

17 Anybody else?

18 A. His mother, Elizabeth. That's my
19 aunt.

20 Q. Same last name?

21 A. Same last name. And my other
22 cousin, Charlie Turner.

23 Q. Anybody else other than those?

24 A. No.

25 Q. Outside of the existing lawsuit

1 C. BEHM

2 against Mack and the local UAW, have you ever
3 sued anybody before?

4 A. My son's father for a credit card.
5 That's it.

6 Q. And I assume that's Andrew Cannon?

7 A. Yes.

8 Q. Tell me about that lawsuit. It was
9 over a credit card?

10 A. Yeah. We had a joint credit card,
11 and when we separated, he didn't want to make
12 payments on it. So I sued him.

13 Q. What was the result of that lawsuit?

14 A. We split it down the middle.

15 Q. So did you settle it, or did it go
16 to a trial?

17 A. We settled it. It was just with a
18 magisterial judge.

19 Q. Do you know when that took place?

20 A. Maybe 2011, around that time.

21 Q. Where did you file that lawsuit?
22 What -- geographically?

23 A. Pennsylvania.

24 Q. Would that have been in, like, West
25 Lawn or --

1 C. BEHM

2 A. It was in Mohnton, M-O-H-N-T-O-N.

3 Q. Other than the lawsuit against
4 Mr. Cannon, have you filed any other lawsuits?

5 A. No.

6 Q. It's my understanding that you have
7 agreed to settle your claims against the UAW in
8 this particular lawsuit; is that correct?

9 A. Yes.

10 Q. Have you ever been sued by anybody
11 before?

12 A. No.

13 Q. Have you ever been a witness in a
14 lawsuit where you had to testify in a trial?

15 A. No.

16 Q. Now, you mentioned earlier that you
17 had previously had a DUI. So when did that
18 occur?

19 A. 2013.

20 Q. And were you convicted of a DUI?

21 A. Yes, I had ARD.

22 Q. Tell me what ARD is.

23 A. First-time offense. You get a slap
24 on the hand.

25 Q. Did you have to go through, like,

1 C. BEHM

2 classes or how --

3 A. Uh-huh.

4 MR. BAIRD: You have to say
5 "yes."

6 A. Yes. Yes, I did.

7 Q. Did you lose your license, at all,
8 as a result?

9 A. For 60 days.

10 Q. Did you have to do any jail time
11 because of that?

12 A. No.

13 Q. Other than the DUI, have you been
14 arrested any other times?

15 A. Yes.

16 Q. When else were you arrested?

17 A. In either 2011 or 2012.

18 Q. What were you arrested for then?

19 A. I punched Andrew in the face.

20 Q. So did you -- was it a domestic
21 violence charge?

22 A. No, no charges.

23 Q. You did not -- what did you get
24 arrested for?

25 A. Why did I get arrested?

1 C. BEHM

2 Q. Okay. So you got arrested, but did
3 not get charged; is that what you're saying?

4 A. Correct.

5 Q. Did he also get arrested?

6 A. No.

7 Q. Okay. Any other arrests?

8 A. No.

9 Q. All right. Again, outside of the
10 present case against Mack and the UAW, have you
11 ever filed a charge of discrimination against an
12 employer?

13 A. No.

14 Q. Have you ever made a claim of
15 discrimination or harassment with an employer
16 other than Mack or --

17 A. No.

18 Q. Have you ever filed a grievance with
19 an employer other than Mack or the UAW?

20 A. I don't know if a grievance was ever
21 filed at Mack, but I have brought it to the
22 attention of my union reps.

23 Q. Okay. But, again, outside of the
24 present case?

25 A. No.

1 C. BEHM

2 Q. Outside of your employment at Mack,
3 have you ever filed a Workers' Comp claim?

4 A. No.

5 Q. Have you ever personally filed for
6 bankruptcy?

7 A. No.

8 Q. Have you ever filed for bankruptcy
9 on behalf of a business?

10 A. No.

11 MR. MC COY: Please mark that as
12 Exhibit 1.

13 (Employment Application is
14 received and marked as Exhibit 1 for
15 identification, as of this date.)

16 Q. Ms. Behm, from time to time in the
17 case, I'm going to have some documents to show
18 you.

19 A. Okay.

20 Q. What we will do is I'll hand them to
21 the court reporter, she will mark them, and then
22 I'll give them to you. And once you receive
23 them, I'd ask you to just take a minute, take a
24 look at it, and once you've reviewed it, let me
25 know when you're ready to answer questions about

1 C. BEHM

2 it.

3 So, Ms. Behm, you've been handed what's
4 been marked as Exhibit Number 1. Can you tell
5 me what that document is?

6 A. It's my employment application for
7 Mack Trucks.

8 Q. Okay. And on the back of that is
9 a -- it appears to be a copy of your resume; is
10 that right?

11 A. Yes.

12 Q. What I want to do right now, I want
13 to talk a little bit about your employment prior
14 to the time you came to work at Mack Trucks.

15 A. Okay.

16 Q. Right before you worked at Mack
17 Trucks, you were employed by PetSmart; is that
18 correct?

19 A. Yes.

20 Q. Tell me what you did at PetSmart?

21 A. I was responsible for taking care of
22 the animals and sometimes cash register and
23 sales.

24 Q. What years did you work at PetSmart?

25 A. 2015 to 2017, 2018, roughly.

1 C. BEHM

2 Q. And where was the PetSmart --

3 A. Wyomissing --

4 Q. -- located? I'm sorry, excuse me
5 for talking over you.

6 A. Wyomissing, Pennsylvania.

7 Q. Okay. Did you receive any
8 disciplinary actions when you worked at
9 PetSmart?

10 A. No.

11 Q. Why did you leave PetSmart?

12 A. Mack Trucks. Better employment.

13 Q. So it looks like, to me, you left
14 PetSmart in June of 2017?

15 A. I believe I have marked down to
16 August, so...

17 Q. On your application it indicates
18 June, I believe. So...

19 A. Yes.

20 Q. Do you recall if it was June or
21 August when you left?

22 A. Yeah, somewhere around there.

23 Q. Okay. And when did you actually
24 start work at Mack Trucks?

25 A. January 2nd of 2018 was my first

1 C. BEHM

2 day.

3 Q. So what did you do between the end
4 of PetSmart and starting work at Mack Trucks?

5 A. I was a dancer at Utopia, but it was
6 formerly known as Divas, and formerly known as
7 Babydolls.

8 Q. Tell me, is that a strip club?

9 A. Yes. Gentlemen's club.

10 Q. Where is it located?

11 A. Douglassville.

12 Q. And when were you working there?
13 Just for that period, 2017, beginning of --

14 A. It was on and off from October of
15 2012, until 2017.

16 Q. When you were working there, what
17 was the name of the club?

18 A. In the beginning it was Divas, and
19 then it went to Utopia.

20 Q. When was the last time you worked at
21 Utopia?

22 A. I worked a night at Utopia in
23 February of 2019.

24 Q. Since February of 2019, you have not
25 worked there, at all?

1 C. BEHM

2 A. Not to my knowledge. Not that I can
3 remember.

4 Q. Have you worked at any other
5 gentlemen's club other than Divas or Utopia?

6 A. I worked at Cheerleaders in New
7 Jersey last month.

8 Q. That would have been in February of
9 '22?

10 A. Yes, and a night in January, also.

11 Q. You've only worked there two nights
12 total?

13 A. Yes.

14 Q. What town in New Jersey?

15 A. I don't know. I went with a
16 girlfriend that works there.

17 Q. Anywhere else that you've -- any
18 other gentlemen's clubs you've worked in?

19 A. I worked one night in Atlantic City
20 in 2013. It was called Scores.

21 Q. Any other gentlemen's clubs you
22 worked in?

23 A. No.

24 Q. So -- all right. So you left -- you
25 indicated to me that you left PetSmart for Mack

1 C. BEHM

2 Trucks; is that correct?

3 A. Uh-huh.

4 Q. But you didn't start at Mack -- you
5 didn't even apply at Mack Trucks until December;
6 is that right?

7 A. I was looking for better employment,
8 so...

9 Q. Did you -- were you terminated from
10 the job at PetSmart?

11 A. No.

12 Q. All right. Prior to PetSmart, it
13 looks like you worked at Elite Sportswear?

14 A. Yes.

15 Q. What is Elite Sportswear?

16 A. That's where they make cheerleader
17 uniforms and gymnastics.

18 Q. Is it a manufacturing facility?

19 A. Yes, in Muhlenberg or that area.

20 Q. What were you doing at Elite
21 Sportswear?

22 A. I was a lead on the gluing area. I
23 did heat transfer. I did -- I don't know the
24 exact term. The gem machine.

25 Q. But you were in a production

C. BEHM

position?

A. Yes.

Q. And looks like you worked there from 2012 until 2014; is that right?

A. Uh-huh. Yes.

Q. And why did you leave that job?

A. There was no good pay.

Q. Did you have any disciplinary action when you worked at Elite Sportswear?

A. No.

Q. Were you terminated from the job at Elite Sportswear?

A. No.

Q. Prior to that, it looks like you worked at a place called Property Damage Appraisers?

A. Yes.

Q. Tell me what kind of job that was.

A. I was an office manager.

Q. What kind of business is that?

A. They ran estimates on all types of equipment; tractor-trailers, stuff like that.

Q. So as office manager, what were your responsibilities?

1 C. BEHM

2 A. Sending the appraisers out, making
3 their schedules, filing supplements, contacting
4 the customers to make sure the time frame was
5 okay for them, and keep them informed on the
6 steps of the process.

7 Q. How long did you work at that -- at
8 Property Damage Appraisers?

9 A. About a year.

10 Q. Why did you leave that job?

11 A. It was family-owned. It was
12 just temporary. I was helping out. It was
13 mutual, leaving.

14 Q. So when you say it's -- was it owned
15 by your family?

16 A. No.

17 Q. Was it a family that you knew? You
18 said you were helping out. Was it a family that
19 you knew that owns this --

20 A. Yes. When I was a waitress, I met
21 the owner, and he asked me if I could help out
22 with his company a little bit.

23 Q. Were you terminated from that job?

24 A. No.

25 Q. All right. And then if you look

1 C. BEHM

2 at -- on the application itself, and from time
3 to time, just -- I'll tell you, on the bottom of
4 the page are what we call Bates numbers. You
5 see it says "Mack," and it has a number.

6 A. Okay.

7 Q. So if you flip back to the page that
8 is Mack 14 --

9 A. Okay.

10 Q. -- looks like you also worked at
11 Unos?

12 A. Yes.

13 Q. And you worked there, it looks like,
14 from 2007 to 2012; is that correct?

15 A. Yes.

16 Q. And you were a waitress at Unos?

17 A. Waitress, bartender, hostess, prep,
18 trainer, you name it.

19 Q. So did you continue working there
20 once you went to work at Property Damage
21 Appraisers?

22 A. No. Unos closed. It switched to
23 another restaurant that lasted not even six
24 months. I don't remember the name of it.

25 Q. Once it switched, did you continue

1 C. BEHM

2 working for the new restaurant?

3 A. Yeah, yeah.

4 Q. Do you remember what that was
5 called?

6 A. No. No, I don't remember the name
7 of it. It didn't last long.

8 Q. Okay. Uno was in Wyomissing?

9 A. Yes.

10 Q. I didn't ask you, but according to
11 your resume, Elite Sportswear was in Reading?

12 A. Yeah. You can put Reading,
13 Muhlenberg.

14 Q. That's right. I did ask you that.
15 I'm sorry.

16 A. That's okay.

17 Q. I did not ask you where Property
18 Damage Appraisers was located, though.

19 A. That is like West Lawn.

20 Q. Sinking Springs?

21 A. Yes, Sinking Springs, West Lawn --

22 Q. Same area?

23 A. -- Reading. Yeah.

24 Q. All right. And so since 2007, so I
25 would say, since you started work at Unos, have

1 C. BEHM

2 you had any other jobs prior to coming to work
3 at Mack Trucks?

4 A. After high school or --

5 Q. Well, let's start at 2007 through
6 when you started at Mack Trucks, which was
7 beginning of '18, I believe.

8 A. I would help out at Maple Grove
9 Raceway.

10 Q. Where is that located?

11 A. Mohnton. Adamstown area.

12 Q. What were you doing there?

13 A. Concessions. I think I did maybe
14 two days there, just helping a friend that had
15 to stay in there.

16 Q. When you say "Raceway," is that like
17 automobile raceway?

18 A. Yeah. Yeah, like drag racing.

19 Q. All right. Anywhere else that you
20 worked during that time period, 2007-2018?

21 A. Not that I recall.

22 Q. I'm going to skip over for just a
23 minute the employment at Mack. We'll come back
24 to that, obviously.

25 A. Okay.

1 C. BEHM

2 Q. I want to talk about what you've
3 done since you left Mack. It's my understanding
4 that you resigned from employment at Mack in
5 February of 2021?

6 A. Uh-huh.

7 Q. So, first of all, between -- during
8 the time period that you worked at Mack, from
9 2018 through February of 2021, did you ever look
10 for another job during that time period?

11 A. Yes.

12 Q. Where did you look for another job?

13 A. Nestle. Stanley Black & Decker.
14 Ocean Spray. Coca-Cola. Amcor. I briefly
15 worked at Amcor.

16 Q. And, again, just to make sure I'm
17 clear, this was while you were still employed,
18 before you --

19 A. No, Amcor, I worked at Amcor after
20 Mack.

21 Q. But did you apply -- the other jobs
22 you listed; Nestle, Stanley Black & Decker,
23 Ocean Spray, and Coca-Cola, did you apply for
24 those jobs before you resigned from Mack Trucks?

25 A. Nestle, I did.

1 C. BEHM

2 Q. Do you recall when you applied for
3 that job?

4 A. When there was talk about layoff.
5 So January, February of 2020.

6 Q. Any other jobs that you -- these
7 that you listed, that you applied for prior to
8 February of 2021?

9 A. Car Tech, Carpenter Technology.

10 Q. When did you apply for that job?

11 A. Around the same time, so January,
12 February of 2020.

13 Q. Did you apply for any other jobs
14 prior to February of 2021?

15 A. Not that I can recall.

16 Q. The Nestle position that you applied
17 for, did you -- I take it you did not get hired
18 for that position?

19 A. Correct.

20 Q. Did you have any follow-up
21 interviews with them?

22 A. No.

23 Q. What did you do to apply there?

24 A. It was online application.

25 Q. Did you get any feedback after you

1 C. BEHM

2 submitted an online application?

3 A. Yes.

4 Q. What was that feedback?

5 A. Pretty much the same schedule as
6 Mack, but 12-hour shifts and later, so it didn't
7 work with day care for my daughter.

8 Q. And then Carpenter Tech, how did you
9 apply for that job?

10 A. Online.

11 Q. Did you get any feedback from them?

12 A. No.

13 Q. Carpenter Tech, what kind of job was
14 that?

15 A. Manufacturing.

16 Q. During the time period again, while
17 you were working at Mack Trucks, I'm talking
18 about January of 2018 through January of 2021,
19 did you work any other jobs during that time
20 period? We talked about Utopia so I know about
21 that. Other than that, did you work any other
22 jobs while you were at Mack?

23 A. No.

24 Q. And, again, same time period, so
25 beginning of 2018 through February of 2021, the

1 C. BEHM

2 period when you worked at Mack, did you earn
3 income from any other source during that time
4 period?

5 A. I would sell on eBay or Mercari.
6 That would be, like, clothes my daughter grew
7 out of or --

8 Q. You made reference to Mercari.

9 A. Mercari, yeah.

10 Q. Is that -- tell me what that is.
11 I'm not --

12 A. It's the same as eBay, just a
13 different platform.

14 Q. Got you.

15 Now, I know in your discovery responses
16 you indicated that you have an OnlyFans account?

17 A. Yes.

18 Q. Do you have -- did you --

19 A. I don't have it anymore, but I did.

20 Q. And you had that while you were
21 employed by Mack Trucks?

22 A. No.

23 Q. When did you start the OnlyFans
24 account?

25 A. That was -- I know I gave Graham a

1 C. BEHM

2 paystub thing.

3 Q. We can talk about that later.

4 That's fine.

5 So that was not -- you did not have that
6 while you were with Mack Trucks?

7 A. No.

8 Q. All right. And did you also do some
9 modeling during that time period?

10 A. Yes.

11 Q. Did you get paid to do modeling?

12 A. No.

13 Q. Tell me about your modeling that you
14 were doing.

15 A. I would do it with friends, and did
16 it for peace of mind.

17 Q. How did you get into that?

18 A. My friend, Des. She asked me if I
19 would do a modeling shoot with her and get
20 glammed up.

21 Q. How many times did you do that?

22 A. Maybe a dozen or so times.

23 Q. When did you start doing the
24 modeling?

25 A. Maybe June of 2019.

C. BEHM

Q. When was the last time you did that?

A. Maybe three months ago. October.

Q. October of '21?

A. Yes.

Q. Have you worked with a modeling agency?

A. No.

Q. Who takes the pictures?

A. Photographers that would find me on Instagram.

Q. So not one particular --

A. No. And I would meet them through my friend, Des, who's been doing it for at least a decade.

Q. Does your friend, Des, work at Mack Trucks?

A. No.

Q. Has she ever worked at Mack Trucks?

A. No.

Q. Where does she work?

A. Cheerleaders in New Jersey.

Q. So she's the one that you went to New Jersey with?

A. Yes.

1 C. BEHM

2 Q. Have you ever earned any money at
3 all from your modeling?

4 A. No.

5 Q. All right. Since you left Mack
6 Trucks in February of 2021, what have you done
7 to look for other work?

8 A. Applied for jobs.

9 Q. Now, you mentioned a few jobs
10 already; Stanley Black & Decker, Ocean Spray,
11 Coca-Cola, and Amcor, correct?

12 A. Yes. I briefly worked at Amcor.

13 Q. Are there any other places besides
14 those four that you've applied since February of
15 2021?

16 A. Yes. I just worked at TaylorMade
17 Cleaning Company.

18 Q. When did you apply for that job?

19 A. Two weeks ago.

20 Q. Did I hear you correctly, you said
21 you worked for --

22 A. I worked last week for them, yeah,
23 all last week.

24 Q. And are you scheduled to work more
25 for them?

1 C. BEHM

2 A. That's up in the air right now.

3 Q. Why is that?

4 A. Because Friday, the girl I was
5 working with drove her car stoned and rear-ended
6 someone.

7 Q. And were you in the car with her?

8 A. Yes. I actually just applied for my
9 LLC, to open my own cleaning company.

10 Q. Were you injured in that accident,
11 at all?

12 A. No. I wasn't happy.

13 Q. Were you aware if she was stoned
14 when you were riding with her?

15 A. I had an indication because I could
16 smell marijuana, but I mean, you walk through
17 the streets of Philadelphia, and you smell
18 marijuana.

19 (Whereupon, an off-the-record
20 discussion was held.)

21 Q. So did you learn after the fact that
22 she was stoned?

23 A. Yeah. When she giggled and said,
24 excuse my French, Oh, I don't have fucking car
25 insurance. So, yeah.

1 C. BEHM

2 Q. How much money did you earn last
3 week from TaylorMade Cleaning?

4 A. That, I don't know. I didn't get my
5 paystub, but it was 14 an hour, and I worked
6 between four and six hours a day from Monday,
7 Tuesday, Wednesday, Thursday. And Friday was
8 only two hours because then the car accident.

9 Q. So just to make sure I understand,
10 as of right now, you're not scheduled to work
11 any more days for them?

12 A. No.

13 Q. You haven't been terminated from
14 that job?

15 A. No.

16 Q. I didn't -- we kind of jumped ahead.
17 Were you hired by TaylorMade Cleaning
18 Company?

19 A. Yes.

20 Q. So you were an employee?

21 A. Yes.

22 Q. All right. So I want to go back now
23 to the other jobs that you applied for.

24 Other than what we've listed so far, did
25 you apply for any other jobs in the past -- and

1 C. BEHM

2 I'll just say, "past year" -- so since
3 February of 2021?

4 A. What all did I say? Coca-Cola,
5 Stanley Black & Decker, Ocean Spray.

6 Q. Amcor.

7 A. Amcor that I briefly worked at.

8 Q. TaylorMade.

9 A. TaylorMade. There's another one out
10 in my area. I can't remember the name of it. I
11 believe I applied for MED-ED for customer
12 service. And I can't remember the one
13 manufacturing company by my house.

14 Q. Okay. So, obviously, you were hired
15 by TaylorMade Cleaning Company.

16 A. Yes.

17 Q. And I believe you said you also have
18 worked at Amcor.

19 A. Yes.

20 Q. Tell me what kind of business Amcor
21 is.

22 A. I was doing blow-mold injections
23 there.

24 Q. What do they make?

25 A. Like the plastic for plastic water

1 C. BEHM

2 bottles and stuff for Coca-Cola, and hand
3 sanitizers, and...

4 Q. When did you start working at Amcor?

5 A. I don't remember the exact date. It
6 was maybe a week after I quit Mack. A week or
7 two.

8 Q. How much did you make at Amcor?

9 A. Around 22. Twenty-two, 23.

10 Q. Did you receive any benefits in that
11 job?

12 A. I was supposed to. I was only there
13 for two days.

14 Q. What benefits were you supposed to
15 receive?

16 A. Health insurance. Dental.
17 Retirement.

18 Q. So why did you leave that job?

19 A. I left because I was going through
20 some health issues. I was diagnosed with
21 sarcoidosis, and we weren't sure the extent of
22 it. And they weren't following COVID-19
23 guidelines, so that could have potentially led
24 to lymph nodes in my lungs swelling.

25 Q. When you said they weren't following

1 C. BEHM

2 COVID-19 guidelines, tell me what you mean by
3 that.

4 A. No masks, no distancing. Screaming
5 in each other's faces because you couldn't hear
6 each other because of the machinery.

7 Q. Did you complain about that to
8 anybody at Amcor?

9 A. Yes. Yeah, when I left.

10 Q. Well, let me ask you this: Did you
11 complain about it before you resigned the job?

12 A. No.

13 Q. I take it you resigned?

14 A. Yes. That night. That night.

15 Q. So, prior to resigning, you did not
16 complain to anybody at Amcor?

17 A. No. I just knew it wasn't for me.

18 Q. And so after you resigned, who did
19 you tell about your concerns?

20 A. The guy who hired me. I don't
21 remember his name. I told him that the people
22 were rude.

23 Q. When you say the people were rude,
24 what do you mean by that?

25 A. They were screaming in your face.

C. BEHM

Q. Anything else they did that was rude?

A. I mean --

Q. I understand it was during COVID.

A. Yeah.

Q. I'm just asking, was there anything else, besides screaming in your face without a mask on, that they did that was rude?

A. Oh, well, the one guy told me -- again, excuse my French -- You better fucking learn quick. I guess they have a high turnover rate there.

Q. Anything else you considered to be rude?

A. No. The supervisor was very friendly. He offered to put me on the other rotating shift. I just declined. It was a nice company, just not for me.

Q. What was your work schedule at Amcor?

A. Two days on, two days off. And then every other weekend. So two days on, two days off, then three days, two days off, two days on. Because it was 12-hour shifts.

1 C. BEHM

2 Q. Got you. And the 12 hours, what --

3 A. Seven to seven.

4 Q. I assume 7 a.m. to 7 p.m.?

5 A. No. It was 7 p.m., to 7 a.m. Not
6 the best.

7 Q. Did they run two shifts?

8 A. Two shifts, yes.

9 Q. As a new hire, you got the --

10 A. Yeah. I got the night. But they
11 said within a month I could switch to first
12 because they didn't have -- like I said, they
13 had a high turnover rate.

14 Q. All right. So the Amcor job was a
15 couple of weeks after you left Mack?

16 A. Yes.

17 Q. And then TaylorMade was a couple of
18 weeks ago.

19 A. Uh-huh.

20 Q. Between Amcor and TaylorMade, did
21 you have any other employment?

22 A. No.

23 Q. Did you have any income between
24 working at Amcor and working at TaylorMade?

25 A. Selling Mercari. That was pretty

1 C. BEHM

2 much it.

3 Q. Have you received any other job
4 offers other than Amcor and TaylorMade?

5 A. No.

6 Q. So since you began work at Mack
7 Trucks in early 2018, we talked about the --
8 obviously you earned income from Mack. You
9 earned income from working at Utopia and a
10 couple of the other two clubs you mentioned.

11 A. Well, those other two clubs I didn't
12 go to while I was at Mack.

13 Q. No, I'm saying, since Mack.

14 A. Yes.

15 Q. To the present.

16 A. Yes.

17 Q. From 2018 to the present, you worked
18 at Mack Trucks, you worked at the clubs, you've
19 worked a couple of days at Amcor, and you worked
20 a week at TaylorMade.

21 A. Yes.

22 Q. Other than those items, have you had
23 any other source of income since January of
24 2018?

25 A. OnlyFans.

1 C. BEHM

2 Q. And then OnlyFans?

3 A. Yes.

4 Q. How much income have you earned from
5 OnlyFans?

6 A. No more than 1800. I was only on it
7 from roughly August, September, until about a
8 month ago.

9 Q. So August, September of last year?

10 A. Yes.

11 Q. What is OnlyFans?

12 A. People pay to see anything from
13 workout to porn. Cooking classes. You name it,
14 it's on there.

15 Q. And what were they paying you to
16 see?

17 A. I mowed my lawn topless, so stuff
18 like that.

19 Q. Why did you stop doing OnlyFans?

20 A. Just for my mental health. It was
21 becoming very demanding.

22 Q. Why did you say it was becoming
23 demanding?

24 A. Because people just want more and
25 more.

1 C. BEHM

2 Q. So they make requests to you through
3 the site?

4 A. They can, they can, yeah.

5 Q. And I take it the more -- I guess --
6 I'm not sure of the right word, the more
7 customer --

8 A. The more you show, the more they
9 want.

10 Q. The more customers you have, the
11 more money you make; is that right?

12 A. Yes.

13 Q. Is OnlyFans -- do you have like a
14 name on there? How is that set up?

15 A. Like for me or for the people?

16 Q. Right. I'm talking about for you.
17 Is it like an Instagram or, you know, Twitter
18 page where you have an account name?

19 A. Yes.

20 Q. And what was your account name?

21 A. I think it went by cocopuffs,
22 C-O-C-O-P-U-F-F-S.

23 Q. Have you taken down your site?

24 A. Yes.

25 Q. Besides OnlyFans and the other

1 C. BEHM

2 things we have talked about, have you had any
3 other source of income since January of 2018?

4 A. No.

5 MR. MC COY: Why don't we --
6 let's take a five-minute break.

7 (A break was taken.)

8 Q. Ms. Behm, we are back on the record.
9 I'll just remind you, you're still under oath.

10 I want to go back now. We've talked about
11 pre-Mack Trucks and post-Mack Trucks, so let's
12 talk about Mack Trucks.

13 A. All right.

14 Q. Okay. So I want to go back --
15 Exhibit 1, which you have in front of you, we
16 already talked about, was your employment
17 application. When did you submit that
18 employment application to Mack?

19 A. December 12, 2017.

20 Q. What position were you applying for
21 at Mack?

22 A. Production or part-runner.

23 Q. Aside from completing the
24 application that's in front of you -- and I
25 didn't ask you, I apologize. If you would go

1 C. BEHM

2 over to page that is marked Mack 16. Is that
3 your signature on the document?

4 A. At that time, yes.

5 Q. And at that point in time, your name
6 was Colleen John; is that correct?

7 A. Yes.

8 Q. That was prior to your marriage?

9 A. Yes.

10 Q. So aside from filling out this
11 application, what else did you have to do to
12 apply for the job at Mack Trucks?

13 A. We had to go and take a little
14 assessment. I believe it was called Manpower.
15 And they time you to see how quick you can screw
16 on bolts. Answer questions on a computer
17 screen.

18 Q. Did you do that at the plant?

19 A. No. And then I had to go to the
20 plant, submit a drug test through hair follicle.
21 And I believe that was it.

22 Q. So when you say Manpower, you're
23 talking about, like, Manpower, the temporary
24 service?

25 A. Yes.

1 C. BEHM

2 Q. So you originally went to their
3 office to do the assessment?

4 A. Yes, that's who Mack had us do it
5 through.

6 Q. Got you.

7 A. So it wasn't a temporary employment,
8 it was just --

9 Q. They were assisting at hiring.

10 Were you interviewed for the job at Mack?

11 A. I don't recall. I believe it was
12 application, go in, do an assessment and drug
13 test, start date, orientation. Here you go.

14 Q. I'll hand you what we have marked as
15 Exhibit Number 2.

16 (Macungie Shop HBU Interview
17 Guide is received and marked as
18 Exhibit 2 for identification, as of
19 this date.)

20 Q. Take a minute and look at that
21 document.

22 Okay. You're ready?

23 A. I'm ready.

24 Q. Have you ever seen this document
25 before?

1 C. BEHM

2 A. Yes.

3 Q. Where have you seen this document
4 previously?

5 A. December 12, 2017.

6 Q. Okay. Does this refresh your memory
7 as to having an interview at Mack Trucks?

8 A. I wouldn't -- even though it said
9 "Interview Guide," I wouldn't necessarily say
10 it's interview. I'd say it's a piece of paper
11 to answer questions to push through the hiring
12 process. They were hiring over 400 people at
13 that time.

14 Q. So did you -- did you fill out this
15 form?

16 A. I did.

17 Q. Okay. So the signature on the last
18 page of this document on Mack page 21 looks like
19 maybe a Carmen Rivera -- I'm not even sure if
20 that's the right name. You did not fill out
21 that page, I take it, right?

22 A. No.

23 Q. But the first two pages of this
24 document, Mack 19 and Mack 20, are pages that
25 you completed?

1 C. BEHM

2 A. Yes.

3 Q. Okay. If I can ask you to look on
4 the second page of this, Mack 20.

5 A. Yes.

6 Q. There's a question there about
7 attendance. It says if you are -- question
8 Number 9A: If you were a manager at Mack
9 Trucks, what would you expect from your
10 employees in terms of attendance?

11 What was your answer?

12 A. One hundred percent.

13 Q. And then question 10, down below
14 that, says: This position involves standing,
15 walking, stooping, kneeling, crouch or crawl.
16 Employee must be able to lift and/or move
17 objects up to 10 pounds and occasionally up to
18 50 pounds. Are there any barriers to meeting
19 these requirements?

20 What did you answer?

21 A. No barriers.

22 Q. And then the next question, 11: Do
23 you have any limitation in regards to working
24 specific shifts, working overtime daily,
25 including weekends?

1 C. BEHM

2 What was your answer?

3 A. No limitations.

4 Q. So after you had the -- submitted
5 the application, completed the assessment, went
6 to the plant, did all the tests, what happened
7 next?

8 A. I worked.

9 Q. Did you receive a job offer? I'm
10 assuming.

11 A. Yes. I did receive a job offer.

12 (Job offer letter is received and
13 marked as Exhibit 3 for
14 identification, as of this date.)

15 Q. I'm showing you what we have marked
16 as Exhibit 3. Do you recognize that document,
17 Exhibit 3, Ms. Behm?

18 A. Yes.

19 Q. Is this your offer of employment
20 that you received from Mack Trucks?

21 A. That I filled out and they handed to
22 me, yes.

23 Q. So you filled out your own job
24 offer.

25 A. It appears so.

1 C. BEHM

2 Q. And looks like this job offer was
3 made to you on December 19 of 2017, correct?

4 A. Correct.

5 Q. And what was your start date
6 anticipated to be?

7 A. January 2nd of 2018.

8 Q. I think you just mentioned that at
9 that point in time, Mack was hiring a bunch of
10 employees.

11 A. Yes.

12 Q. How many employees were hired?

13 A. Over 400. And less than 200, I
14 believe, made it through the 90-day probation.

15 Q. So did you actually start work on
16 January 2nd of 2018?

17 A. I did.

18 Q. When you started work at Mack, what
19 position were you assigned to?

20 A. Production flex.

21 Q. What does production flex mean?

22 A. It means -- do you want my
23 definition of it, or Mack's definition of it?

24 Q. Well, let's start with Mack's
25 definition.

1 C. BEHM

2 A. Mack's definition: Production flex
3 is you complete someone else's job that they
4 couldn't complete in time. Because the truck is
5 going through an area, they can't go past that
6 area. So flex would come in, finish the job.
7 Or if someone called out, I would go to that
8 job.

9 Q. So if I understand you correctly, it
10 might be -- would you also, like, step in if
11 somebody was taking a break? Would that be part
12 of flex?

13 A. We all took breaks at the same time.

14 Q. So you would either -- you know, the
15 truck would come down the line, it wasn't
16 complete, you would step in and complete it --

17 A. Correct.

18 Q. -- or you would have to potentially
19 fill in for somebody who wasn't there that day?

20 A. Correct.

21 Q. So how does your definition differ?

22 A. It was, Here you go, this is your
23 job, this is paperwork. Do it right. No
24 training.

25 (Production tech job description

1 C. BEHM

2 is received and marked as Exhibit 4
3 for identification, as of this
4 date.)

5 Q. I'm handing you what has been marked
6 as Exhibit 4.

7 A. Okay.

8 Q. You indicated your first job was a
9 production flex position.

10 A. Yes.

11 Q. So I've handed you what has been
12 marked as Exhibit 4, which appears to be -- is
13 this a job description for a production tech
14 position at the Mack Trucks plant?

15 A. Yes. This is not my job that I was
16 hired as.

17 Q. So that's not the job you started
18 in?

19 A. No.

20 Q. Did you ever work in a production
21 tech position at Mack Trucks?

22 A. For about two weeks at the end,
23 before I went out.

24 Q. When you say, "at the end," do you
25 mean in 2020?

1 C. BEHM

2 A. Yes.

3 Q. So it would have been February of
4 2020?

5 A. Yes.

6 Q. Is this an accurate job description
7 of the production tech position that you
8 performed in 2020?

9 A. Yes -- no. The salary is incorrect.
10 The safe loading and unloading of trailers
11 from dock area and back trailers safely; that is
12 incorrect.

13 I never operated mobile transport of a
14 lift truck, high stacker. This may say
15 "production tech," but this is not production
16 tech.

17 Q. Okay.

18 A. And my signature is not on it. I've
19 never seen this.

20 Q. Okay. I recognize this doesn't have
21 your signature on it. I just want to know if
22 that is an accurate job description.

23 A. No.

24 Q. So this is not the job you were
25 doing.

1 C. BEHM

2 A. No.

3 Q. Fair enough. All right. So you
4 started in -- we will circle through the
5 positions that you worked at Mack in just a
6 minute.

7 When you started as -- in a production
8 flex position, what was your pay rate?

9 A. I started at -- I believe it was
10 19.72.

11 Q. And I'm assuming you received pay
12 increases during your time period at Mack?

13 A. Over a six-year period I think it
14 was going to go up a couple dollars.

15 Q. And that's all pursuant to the
16 collective bargaining agreement, correct?

17 A. Yes. So when I left Mack, I believe
18 I was getting paid 21.12, but that also had
19 shift differential in it, I believe.

20 Q. What benefits did you receive when
21 you worked at Mack?

22 A. I had a 401(k). I had health
23 insurance. I had dental. I had vision.

24 Q. Any life insurance?

25 A. Yes.

1 C. BEHM

2 Q. How much life insurance did you
3 have?

4 A. I don't recall.

5 Q. Was that just for you or for
6 dependents?

7 A. I think I had my kids on it in case
8 of -- I think it was like a \$10,000 to help with
9 funeral expenses if something happened to one of
10 my children.

11 Q. You said you had a 401(k). Was
12 there a pension at Mack Trucks?

13 A. I did not have a pension.

14 Q. So by the time you started, there
15 was not a pension?

16 A. Correct.

17 Q. Did Mack Trucks contribute to your
18 401(k)?

19 A. Yes.

20 Q. How much?

21 A. I don't recall.

22 Q. Was it a matching percentage?

23 A. I don't recall. It wasn't much.

24 Q. Now, one of the things -- obviously,
25 we will talk more about this -- but you also --

1 C. BEHM

2 there's an accident and sickness benefit at
3 Mack?

4 A. A&S. Yes.

5 Q. Tell me what A&S is.

6 A. If you got hurt and it wasn't
7 Mack-related, they gave you time off with
8 60 percent of your pay.

9 Q. So it's, you know, like a short-term
10 disability benefit?

11 A. Yes, through the company.

12 Q. Right. And how long could you
13 receive A&S benefits?

14 A. I believe it was no more than a year
15 and then you had to go out on Social Security,
16 like a long-term disability.

17 Q. Did you have any long-term
18 disability insurance benefits through Mack?

19 A. Not that I recall.

20 Q. When you went to work at Mack, did
21 you join the UAW?

22 A. Yes.

23 (UAW Application is received and
24 marked as Exhibit 5 for
25 identification, as of this date.)

1 C. BEHM

2 Q. Ms. Behm, I have handed you what has
3 been marked as Exhibit 5. If you'd take a
4 moment and look at that, please. Let me know
5 when you're ready to answer questions.

6 A. Okay.

7 Q. So, Ms. Behm, is this your
8 application for membership in the UAW Local 677
9 at Mack?

10 A. Yes.

11 Q. And is that your signature -- at the
12 time, your signature down at the bottom of that
13 first page?

14 A. Yes.

15 Q. And it looks like you submitted this
16 on your first day of employment --

17 A. I did.

18 Q. -- January 2nd, 2018.

19 All right. If you look at the second page
20 of the document, which is marked UAW-10 down at
21 the corner --

22 A. Yes.

23 Q. -- you see in the middle of the page
24 your -- what was your seniority date?

25 A. January 2nd, 2018.

1 C. BEHM

2 Q. Okay. And then attached, the next
3 few pages showed the dues that you paid to the
4 UAW during the remainder of your employment; is
5 that correct?

6 A. Correct.

7 Q. Did you ever hold any position with
8 the local union at Mack?

9 A. No.

10 Q. Did you have any relatives that are
11 officers with the local union at Mack?

12 A. No.

13 Q. When you started work at Mack, did
14 you receive a copy of the collective bargaining
15 agreement?

16 A. The book?

17 Q. Yes.

18 A. Yes.

19 Q. And during the course of your
20 employment at Mack, did that collective
21 bargaining agreement change?

22 A. Yes.

23 Q. It was renegotiated, right?

24 A. Yes.

25 Q. Did you-all go on strike while you

1 C. BEHM

2 were there?

3 A. Yes.

4 Q. For how long?

5 A. It wasn't long, maybe a month.

6 Q. Did you get paid when you were out
7 on strike?

8 A. Through the union.

9 Q. So when -- once the new collective
10 bargaining agreement went into place, did you
11 receive another book with the new CBA?

12 A. Eventually, yes.

13 Q. I'm not going mark these as an
14 exhibit, just because I don't want to make the
15 record too long, but I'm going to hand these to
16 you.

17 Would that be the CBA that was in effect
18 when you started work at Mack?

19 A. Yes.

20 Q. Okay. And then a new one was
21 entered sometime in 2019?

22 A. Correct.

23 Q. Okay. We'll ask you about that.

24 Now, does the CBA contain rules regarding
25 seniority?

1 C. BEHM

2 A. Yes.

3 Q. And is seniority important under the
4 CBA?

5 A. I'm sorry, what?

6 Q. Is seniority important under the
7 CBA?

8 A. I would say, to an extent.

9 Q. Why is seniority important to an
10 extent?

11 A. There is a lot of rule breakage at
12 Mack, so it's -- it says that it goes by
13 seniority, but there's favoritism.

14 Q. So you're saying there are
15 exceptions made to the seniority rule?

16 A. Not in the book, but behind closed
17 doors, yes.

18 Q. And, specifically, in what regard
19 are there exceptions made?

20 A. I would have to say, with people
21 asking for -- they are called courtesy moves.
22 So if someone doesn't like a job they can say,
23 Can you give me a courtesy move? And they
24 would. They would bump anyone out of their job.
25 Didn't matter how long they were there, they

1 C. BEHM

2 would do that.

3 Q. And if you have enough seniority,
4 are you allowed to make courtesy moves?

5 A. You can make a courtesy move if it
6 was your first day.

7 Q. But if you don't have seniority,
8 could you bump somebody out of another job to
9 take their --

10 A. It's happened, yes.

11 Q. According to the CBA, can you do
12 that?

13 A. According to the book, you can't,
14 but it happens.

15 Q. You're saying exceptions are made
16 for that?

17 A. Absolutely. I worked with people
18 that had that exception made.

19 Q. Do you recall specifically any
20 individuals who had exceptions made like that?

21 A. Absolutely. There were people on
22 C line that had incidences at work, and they
23 couldn't keep up so they would be moved to
24 kitting area. So either working on the line or
25 kitting area. And they would move to kitting.

1 C. BEHM

2 And some people would have to move to the line.

3 There was a woman at the beginning of
4 L line. She didn't like the vibration. And
5 that's straight in the production flex. They
6 had to -- or production technician in your
7 Exhibit 4, that they had to deal with that. She
8 didn't like that. So they moved her to
9 something else. It happened all the time.

10 Q. Do you remember the names of those
11 individuals?

12 A. I don't. It's been a couple of
13 years.

14 Q. Do you know if there was -- the
15 individual who couldn't deal with the
16 vibrations, do you know if there was a medical
17 reason she had to be moved?

18 A. No.

19 Q. No, you do not know, or no, she did
20 not have a medical reason?

21 A. No, she didn't have a medical
22 reason. And she told me I could not wear
23 perfume around her. And I wasn't told by any
24 supervisor or anything. And I didn't even wear
25 perfume.

1 C. BEHM

2 Q. And you do not remember her name?

3 A. No.

4 Q. But pursuant to the provisions of
5 the CBA, is seniority supposed to be used in
6 making transfer decisions?

7 A. Supposed.

8 Q. And what about in layoffs? Is
9 seniority supposed to be used in layoffs?

10 A. Supposed.

11 Q. When you started work at Mack, did
12 you go through an orientation process?

13 A. Yes. With 400 other people.

14 Q. Tell me what you did during that
15 orientation process.

16 A. We -- everyone was assigned -- I
17 believe it was a letter, like A, B, C, or D, and
18 depending on your letter it was where you went,
19 because they had so many people. So we had a
20 tour of the facility. We had, I believe it was
21 two days at an organ center. Like right down
22 the street from Mack they played some type of
23 piano or whatever, but they rented it out.

24 Q. Right.

25 A. And the head of HR pretty much told

1 C. BEHM

2 us about the company, and that was that. It was
3 a four-day orientation.

4 Q. And were you paid during that
5 orientation process?

6 A. Yes.

7 Q. Did you cover any policies during
8 that orientation process?

9 A. Yes.

10 Q. Did you talk about the CBA during
11 that orientation process?

12 A. Yes. They had the company speak to
13 us and the union speak to us.

14 (Acknowledgment is received and
15 marked as Exhibit 6 for
16 identification, as of this date.)

17 Q. Ms. Behm, you've been handed what
18 has been marked as Exhibit Number 6.

19 Do you recognize that document?

20 A. Yes.

21 Q. Does this indicate that you received
22 copies of policies when you started work at
23 Mack?

24 A. Yes.

25 Q. And what's the date on this

1 C. BEHM

2 document?

3 A. January 2nd, 2018.

4 Q. Is that your signature?

5 A. Yes.

6 Q. Do you recall receiving copies of
7 the policies that are listed on this document?

8 A. When I was hired, the policies also
9 changed with the renewal.

10 Q. When you say "with the renewal,"
11 what do you mean?

12 A. Of the contract, the union contract.

13 Q. So you're saying the company
14 policies changed when the CBA was -- the new CBA
15 came into effect?

16 A. They would hand out things
17 throughout the plant whenever they wanted to
18 change something. There was no attendance
19 policy when I got hired. About 30 days in,
20 the -- a point system came. They handed out
21 papers saying we couldn't say anything about
22 Mack on social media. And I never received any
23 copies of anything that would have changed when
24 the union contract changed.

25 Q. But you would have received a new

1 C. BEHM

2 copy of the CBA?

3 A. Yes.

4 Q. To the extent policies are addressed
5 in the CBA, you had a copy of the CBA?

6 A. What do you mean? Like when it
7 would change?

8 Q. Correct.

9 A. I didn't sign anything when the
10 contract changed.

11 Q. I understand that. You received --

12 A. I refused to sign a lot of papers.

13 Q. But you received a new copy -- when
14 the CBA was revised in 2019, you received a copy
15 of that new CBA?

16 A. Of the book, yes.

17 (Volvo Human Resources Policies
18 and Procedures is received and
19 marked as Exhibit 7 for
20 identification, as of this date.)

21 Q. Ms. Behm, I'm handing you what has
22 been marked as Exhibit 7. If you would take a
23 moment and look at that and let me know when
24 you're ready to answer questions.

25 A. Okay.

1 C. BEHM

2 Q. Ms. Behm, you've been handed --
3 Exhibit 7 is a copy of the harassment policy for
4 Volvo. Is this a copy of the policy you
5 received when you started work in January of
6 2018?

7 A. I don't recall receiving it. So
8 this is, I believe, the first time actually
9 reading it.

10 Q. So you don't recall receiving this
11 policy?

12 A. No.

13 Q. According to Exhibit Number 6, you
14 received a copy of the harassment policy when
15 you started, correct?

16 A. Yes. It says that.

17 Q. Do you remember what the harassment
18 policy you received when you started, said?

19 A. I believe every company has a policy
20 in place, stating it's not tolerated.

21 Q. They should.

22 A. Yes.

23 Q. But do you remember what the policy
24 said when you started work at Mack?

25 A. I believe so, yes.

1 C. BEHM

2 Q. What did the policy -- when you
3 started at Mack, what did the policy tell you
4 you were supposed to do if you had an issue of
5 harassment in the workplace?

6 A. Well, when we started, they didn't
7 separate the union workers from HR, so we were
8 able to go to human resources because they were
9 in a trailer outside.

10 Shortly after I started, they separated
11 human resources, and we had to go through our
12 union rep to even get an appointment with human
13 resources. We weren't allowed in their
14 quarters, you could say.

15 Q. Okay.

16 A. So this policy, yes, it says: Go to
17 human resources, but when I was harassed, it was
18 nearly impossible to go to human resources,
19 because they separated us.

20 Q. I just want to make sure I
21 understand correctly. Once they moved human
22 resources, you were not allowed to go directly
23 to human resources?

24 A. Correct. We had to go through a
25 union rep.

1 C. BEHM

2 Q. For any reason, you couldn't go?

3 A. For any reason, absolutely any
4 reason, even if our pay was off by one penny,
5 had to go through a union rep.

6 Q. Did you ever -- and I'll talk more
7 about this later, but with regard to the
8 harassment issue that you had that you allege in
9 this case, did you ever communicate with anyone
10 in human resources at Mack about that issue?

11 A. Can you clarify?

12 Q. Did you ever communicate with anyone
13 in human resources at Mack about the harassment
14 issue that you're alleging in this case?

15 A. Not in human resources. To the
16 union, yes.

17 Q. Again, human resources is different
18 from the union, right?

19 A. Correct.

20 Q. Did -- when you started work at
21 Mack, was there also a policy in place that said
22 that the company would prohibit any retaliation
23 against somebody who made a complaint of
24 harassment?

25 A. Stating that no one can retaliate if

1 C. BEHM

2 I were to say something?

3 Q. Correct.

4 A. Yes.

5 (Attendance Policy is received
6 and marked as Exhibit 8 for
7 identification, as of this date.)

8 Q. I hand you what's been marked as
9 Exhibit 8. Again, if you'd take a moment and
10 look at that, and let me know when you're ready
11 to answer questions.

12 A. Okay.

13 Q. All right. So, Ms. Behm, what is
14 Exhibit Number 8?

15 A. It is the attendance policy that
16 they put in place, May 21st of 2018, five months
17 after I started.

18 Q. And as you indicated earlier, when
19 you started at Mack, there wasn't a point
20 system, correct?

21 A. Correct.

22 Q. And this is a points-based
23 attendance policy that was put in place in May
24 of 2018?

25 A. Yes. Yes, it wasn't a part of the

1 C. BEHM

2 union until the new book.

3 Q. The new contract?

4 A. So this was just the company saying,
5 Hey, you're going to follow this, even though it
6 wasn't negotiated.

7 Q. And did it apply to all of the
8 employees that were in the bargaining union?

9 A. They enforce it. Yes.

10 Q. And did you have -- how did you
11 receive a copy of this policy?

12 A. The same way you just handed it to
13 me.

14 Q. Did anybody -- did you have a
15 meeting to discuss it?

16 A. I had a startup meeting, which is
17 maybe five minutes long. Just, hey, sign this
18 that you received -- I think we had to put our
19 initials that they handed it to us, and that was
20 that.

21 Q. Do you recall who handed it to you
22 in that meetings?

23 A. I was on the C line at the time, so
24 the supervisor on the C line. There were two
25 supervisors. I don't remember which one.

1 C. BEHM

2 Q. Now, pursuant to this policy, there
3 was a specific, you know, type of corrective
4 action that would happen when you got to certain
5 point levels.

6 A. Yes.

7 Q. And did you understand that if you
8 got to certain point levels that, under this
9 policy, you would be disciplined?

10 A. Yes.

11 Q. Now, I think you may have answered
12 this question already, but did you receive any
13 job-specific training before you started work at
14 Mack?

15 A. Clarify?

16 Q. So did you receive any, like, you
17 know, any job-specific -- so you went through an
18 orientation, but did you spend some time
19 learning how to do your particular job --

20 A. No.

21 Q. -- before you went on the line?

22 A. No.

23 MR. BAIRD: Just wait --

24 MR. MC COY: We have got to be
25 careful -- it's not a problem. I do

1 C. BEHM

2 it, too -- not to talk over each
3 other because that makes it hard for
4 the court reporter.

5 THE WITNESS: Okay. I'm sorry.

6 MR. MC COY: Sometimes I seem
7 like I'm done, and I've got more
8 that comes out.

9 THE WITNESS: My fault, I'm
10 sorry.

11 Q. So, go ahead.

12 A. But to answer your question, no,
13 there is -- with production technician, you get,
14 I believe, four days of training per the book,
15 the UAW. With production tech flex, which was
16 my job, you get maybe four hours. And that's
17 also in the book. Did I receive four hours?
18 No. Most of the time it was -- this is the
19 manning (phonetic). This is -- it has the parts
20 and what you're supposed to do. Do it.

21 I remember I was still on probation, and
22 they had me build a treadle, and there was no
23 model or anything for me to go off of. Do I
24 know if that truck made it off the line?

25 Probably. Was it fixed? I don't know. Did

1 C. BEHM

2 that truck crash? I would believe probably,
3 because I didn't know what I was doing.

4 Q. When you say -- you said "a
5 treadle"? Is that what you were --

6 A. For gas brakes.

7 Q. So your training was on the job.
8 You did it as you were working. You learned how
9 to do the different aspects of your job?

10 A. Yes.

11 Q. Were you working -- were you
12 assigned to work with any particular employee to
13 learn how to do aspects of the job?

14 A. No. My job was flex. It was -- you
15 did not know what you were doing when you walked
16 in the door. It was that day, This is what
17 you're going to be doing. I was in the same
18 line. I was tied to a line. So there's C line.
19 There is L line. There is sleeper line.
20 There's H line. There's G line. It was, Go to
21 this line, report to the supervisor.

22 Q. So -- well, let's talk about that.
23 So when you first started, you were assigned to
24 the C line, you indicated?

25 A. Yes.

1 C. BEHM

2 Q. And what type of trucks were made on
3 the C line?

4 A. A lot of trash trucks, waste
5 management.

6 Q. And those would be trucks without
7 sleeper cabs or --

8 A. Yes. LR's.

9 Q. Who was your supervisor when you
10 started?

11 A. I don't remember his name. I called
12 him Waldo because he always had a beanie on.
13 Bryan. Maybe Bryan.

14 Q. And what shift were you working?

15 A. First. 6:45 to 2:45.

16 Q. Do you know how many employees
17 worked on the C line on first shift?

18 A. At least a hundred, I would say.

19 Q. Who was your union representative
20 when you started?

21 A. Carl.

22 Q. Is that Carl Kerchner?

23 A. Yes.

24 Q. At any point in time when you worked
25 at Mack, were you ever a supervisor?

1 C. BEHM

2 A. No. Supervisors aren't union. You
3 have to go through the company for that.

4 Q. And during the time period that you
5 worked at Mack, did your job assignment ever
6 change?

7 A. Every day.

8 Q. Well, obviously, in the flex
9 position it changed every day, correct?

10 A. Yes.

11 Q. But in terms -- did you ever move
12 out of the flex position?

13 A. For two weeks.

14 Q. So only at the end of your
15 employment, is that what you're saying?

16 A. Yes.

17 Q. Now, did you ever change lines?

18 A. All the time.

19 Q. So what --

20 A. I was on C line and L line and
21 sleeper line.

22 Q. What did you make on the L line?

23 A. You have to be more specific because
24 I worked on all of L line.

25 Q. Well, just to -- explain to me. You

1 C. BEHM

2 said C line was mainly garbage trucks. So what
3 is L line?

4 A. L line had sleeper cabs on it,
5 regular cabs. I didn't work on, like,
6 transmissions or engines. I worked mainly on
7 cabs.

8 Q. All right. And so what's the
9 difference -- you said L line had sleepers on
10 it. So when you say "sleeper line," what's the
11 difference in the two?

12 A. Sleeper line pretty much is in the
13 beginning of L line. So they -- they are a make
14 of their own in terms of sleepers. They have
15 mattresses in them. They have different things
16 that you need to put in them than a standard
17 cab. So they would come on, and then the other
18 cabs would make their way side by side and then
19 come onto the line. So every couple of regular
20 trucks, you get a sleeper cab because they took
21 more time.

22 Does that answer your question?

23 Q. It does. Thank you.

24 Again, I'm not going to mark these as an
25 exhibit. But I'm going to hand you -- if you

1 C. BEHM

2 could just take a look at these and confirm that
3 those are the CBAs that were put in place in
4 2019. And take your time. I'm not in a rush.
5 I just want to verify.

6 A. Yes.

7 MR. BAIRD: Just for the -- do
8 you want to name the --

9 MR. MC COY: I was going to do
10 the Bates numbers, that sort of
11 thing. I mean, if we put this in as
12 exhibits, it's unwieldy.

13 MR. BAIRD: Right.

14 MR. MC COY: So the first
15 document is -- is the master
16 agreement between Mack Trucks and
17 the local UAW. This was -- the
18 effective dates are October 25th of
19 2019 to October 1st of 2023. And
20 the Bates Numbers are UAW 228
21 through UAW 353.

22 And the second document is the
23 supplemental agreement for the
24 Macungie operations. Again, same
25 effective dates, October 25th, 2019,

1 C. BEHM

2 to October 1st, 2023. And the Bates
3 numbers are UAW-354 through 496.

4 (Action Type document, one page
5 is received and marked as Exhibit 9
6 for identification, as of this
7 date.)

8 Q. Ms. Behm, you've been handed what's
9 been marked as Exhibit Number 9. Is this a
10 document you have ever seen before?

11 A. No.

12 Q. So I'm just going to represent to
13 you, this is a document out of the human
14 resources information system at Mack Trucks. So
15 what I want to ask you is, I want to kind of
16 walk through your employment history with Mack
17 and the different positions you were in and
18 leaves of absence you took. Okay?

19 A. Okay.

20 Q. So if you start at the bottom -- and
21 I'm just going to ask you, if something is
22 incorrect, let me know, please, okay?

23 A. Okay.

24 Q. So if you look at the bottom, the
25 very first entry, it says: Start date of

1 C. BEHM

2 January 2nd of 2018 through January 7th of 2018
3 was when you were hired, on January 2nd of 2018,
4 correct?

5 A. Yes.

6 Q. And the first week you were in
7 orientation, you indicated?

8 A. Yes.

9 Q. All right. So if you look at the
10 next line up, January 8th of 2018, was when you
11 were assigned to a position?

12 A. Yes.

13 Q. And at that point in time, you were
14 a flex tech on C line?

15 A. Yes.

16 Q. Now, it indicates, the next line up,
17 that on May the 21st of 2018, there was an
18 organizational reassignment. Do you know where
19 you moved on May the 21st of 2018?

20 A. L line.

21 Q. And then the line above that
22 indicates August 13th of 2018 was a leave of
23 absence. Did you go out on leave on August the
24 13th of 2018?

25 A. Yes.

1 C. BEHM

2 Q. Why did you go out on leave in
3 August of 2018?

4 A. During a family vacation I took
5 during plant shutdown, I got injured.

6 Q. What kind of injury did you have?

7 A. I want to tell you the truth, but I
8 doubt you're going to believe me. I was
9 swimming with sea lions, and one ran over me and
10 almost dislocated my shoulder, and I had --
11 because I previously had clavicle surgery. So
12 the sea lion reinjured it.

13 Q. And how long did you remain out on a
14 leave of absence that year?

15 A. A couple of months, until November.

16 Q. So if you look at the next line, it
17 looks like November 16th of 2018 was your return
18 to work?

19 A. Yes.

20 Q. What position were you in when you
21 returned to work in November of 2018?

22 A. L line.

23 Q. And were you still a flex tech at
24 that position?

25 A. Yes.

1 C. BEHM

2 Q. At that time, excuse me.

3 All right. And then on -- looks like a
4 few days later, November 19th of 2018, there was
5 an organizational reassignment. Do you know
6 where you went on November 19th?

7 A. I was still on L line, but the
8 beginning.

9 Q. All right. Then on December 5th of
10 2018, you went out on another leave of absence?

11 A. Yes.

12 Q. And I neglected to ask you. Let me
13 just go back real quick.

14 From August 13th of 2018, through
15 November 15th of 2018, you were on A&S.

16 A. Can you --

17 Q. Were you on A&S? Excuse me, let me
18 ask another question.

19 A. On what dates?

20 Q. November -- August 13th, after you
21 hurt your shoulder, August 13th of 2018 --

22 A. Yes.

23 Q. -- through November 15th of 2018,
24 did you receive A&S benefits?

25 A. Yes.

1 C. BEHM

2 Q. Back to December 5th of 2018, you
3 went out on another leave of absence. Did you
4 receive A&S benefits?

5 A. Yes.

6 Q. How long did you remain out at that
7 time?

8 A. A month and a half.

9 Q. Why were you out of work from
10 December 5th through January of 2019?

11 A. I was threatened by my husband at
12 the time and had to relocate.

13 Q. So you were threatened. How did
14 that qualify for A&S benefits?

15 A. I suffered from stress and anxiety
16 and had a mental breakdown pretty much.

17 Q. Next line up, January 21st of 2019,
18 you returned to work on that date?

19 A. Yes.

20 Q. Then next line up, February 27th of
21 2019, there was an organizational reassignment.
22 Do you know where you went that date?

23 A. I was still on L line.

24 Q. And then the next one up is
25 March 11th of 2019. Again, it looks like

1 C. BEHM

2 another organizational reassignment. Do you
3 know if you moved then?

4 A. I was still on L line.

5 Q. Do you know what those
6 organizational reassignments mean?

7 A. Maybe different supervisor.

8 Q. And then on the next line up, on
9 May the 13th of 2019, it looks like you went out
10 on another leave of absence.

11 A. Yes.

12 Q. Why did you go out on leave that
13 date?

14 A. I received a concussion at work on
15 May 8th, and then received a second concussion
16 on May 11th, and took a leave of absence.

17 Q. And did you receive a -- so your
18 first concussion was at work?

19 A. Yes.

20 Q. Was that covered by Workers'
21 Compensation?

22 A. They denied me.

23 Q. And the second concussion, how did
24 that occur?

25 A. I was assaulted.

1 C. BEHM

2 Q. Outside of work?

3 A. Yes.

4 Q. And did you receive A&S benefits for
5 that leave of absence?

6 A. Yes.

7 Q. When did you return to work?

8 A. September 5th, 2019.

9 Q. And when you returned to work in
10 September of 2019, were you still a flex tech?

11 A. Yes.

12 Q. Do you remember what line you were
13 on then?

14 A. They put me in Mack in Motion.

15 Q. What does that mean?

16 A. My term and other employees' term is
17 where they put the misfits, and you sit there
18 all day long. And they -- Kaitlyn and another
19 HR representative had me teaching people in
20 cafeteria how to fill out their Buck Week
21 (phonetic) papers and occasionally build a cart
22 in Mack in Motion for supplies, and help with
23 the new computer systems. So I was pretty much
24 penalized when I went back to Mack, for months
25 on end.

1 C. BEHM

2 Q. So did you -- did you ever go back
3 on the line?

4 A. No, I did not go back onto the line
5 until December.

6 Q. All right. So then it looks like
7 next line, December 2nd of 2019, there was a
8 temporary layoff for a week?

9 A. Yes. It appears to.

10 Q. Do you know what that was for, why
11 there was a temporary layoff in December of
12 2019?

13 A. I don't recall.

14 Q. And then on December 9th it looks
15 like there was an organizational reassignment?

16 A. Yes.

17 Q. Where were you working then?

18 A. G line.

19 Q. So what is G -- you didn't mention
20 G line earlier. Tell me what that is.

21 A. G line, I was helping with fuel
22 tanks in the kitting area. K-I-T-T-I-N-G.

23 Q. Tell me what kitting is.

24 A. You preassemble something and it
25 goes to the line. And then they attach it to

1 C. BEHM

2 the truck.

3 Q. And you were doing kitting for gas
4 tanks; is that what you said?

5 A. For the fuel tanks, yes. Mainly the
6 straps, fuel straps to hold the tank in place.

7 Q. All right. And then on February the
8 17th of 2020, it says there was an
9 organizational reassignment. What was -- what
10 position did you move to then?

11 A. They moved me to second shift,
12 beginning of L line, and demoted me from flex to
13 just a tech.

14 Q. You said "demoted." Is that a
15 lower-paying position?

16 A. Yes.

17 Q. Flex was a higher paying job than
18 just the regular position?

19 A. Yes, sir.

20 Q. How much did your pay decrease?

21 A. About a dollar.

22 Q. And why did that happen on
23 February 17th of 2020?

24 A. They -- they were laying off, and
25 they needed to place people in different areas

1 C. BEHM

2 to accommodate how many people they were laying
3 off.

4 Q. And then the top line, March 4th of
5 2020, it looks like you went out on a leave of
6 absence?

7 A. Yes, I did.

8 Q. Why did you go out on a leave that
9 date?

10 A. I was going through so much
11 emotional distress from Mack.

12 Q. And did you receive accident and
13 sickness benefits, A&S benefits?

14 A. Eventually I did. At first they
15 denied me.

16 Q. And did you receive them all the way
17 through the end of your employment?

18 A. Yes, I did.

19 Q. And your employment ended in
20 February of 2021; is that correct?

21 A. That is correct. I don't know why
22 it says 9999. It says December 31st.

23 Q. Right.

24 A. Is that just -- oh, okay, I see. I
25 see.

1 C. BEHM

2 Q. It was just a search date, I think,
3 that was put in.

4 (Wage Type spreadsheets is
5 received and marked as Exhibit 10
6 for identification, as of this
7 date.)

8 Q. Before I ask you about this exhibit,
9 Ms. Behm, you said when you got put in the
10 Mack-In-Motion position in September of 2019,
11 that you were penalized. Did you -- did your
12 pay change when you got put in the Mack in
13 Motion position?

14 A. No.

15 Q. So the same pay you had before you
16 had gone on that leave of absence?

17 A. Yes. They put me in a position that
18 I was not in. Basically, a mechanic was in Mack
19 in Motion. I was not a mechanic.

20 Q. And then did you work the same
21 hours --

22 A. Yes.

23 Q. -- in Mack in Motion?

24 All right. I'm going to hand you what has
25 been marked as Exhibit 10.

1 C. BEHM

2 MR. MC COY: Graham, I'm going to
3 tell you, this is -- this is part of
4 a spreadsheet that is marked Mack
5 270 through 282. I just cut it and
6 blew it up so we could see it --

7 MR. BAIRD: A little better.

8 MR. MC COY: -- because it's too
9 small.

10 Q. So, Ms. Behm, I want to ask you a
11 few specific questions about this, but this is
12 part of a spreadsheet that is a Mack spreadsheet
13 that shows your positions and hours worked.
14 Okay? So what I wanted to ask you, if you would
15 look, there's a column you will see that's the
16 next to last. It's called Cost Center. Do you
17 see that? If you look across the top over to
18 the right.

19 A. Yes.

20 Q. Do you see that? Okay.

21 And then the first section of time is, you
22 know, if -- there's also a wage type. That's
23 holiday pay. I want to go down below the yellow
24 lines in the middle and look below that.

25 So the first cost center, it looks like

1 C. BEHM

2 you were in cab assembly L. You see that?

3 A. Yes.

4 Q. And you were shift 1F, which was
5 6:45 a.m. to 2:45 p.m., correct?

6 A. Correct.

7 Q. And then it looks like you moved
8 to -- what's the next one? Engine -- is that
9 engine room?

10 A. I have no idea what that is.
11 Engine -- I have no idea.

12 Q. Based on this document, it looks
13 like you worked in that position from
14 January 8th, 2018 until May the 18th of 2018.

15 A. It states that.

16 Q. If you don't know what that is,
17 that's fine. I'm just -- you don't know what
18 that abbreviation -- what that means?

19 A. No, I don't know what that means.

20 Q. That's the time period when you said
21 you were working as a flex tech on the C line;
22 is that correct?

23 A. I was on L line. I moved off of
24 C line in May.

25 Q. In May of 2018?

1 C. BEHM

2 A. Yes.

3 Q. So from January of 2018 through May
4 of 2018, you were working as a flex tech on the
5 C line?

6 A. Yes.

7 Q. So if you flip over to the third
8 page of this document, and you look at the date
9 of May 21st, 2018, I see you moved to what's
10 known as cab assembly, C.

11 A. It's saying I moved to cab -- to C
12 line?

13 Q. Yes.

14 A. I moved off of C line on that date,
15 not on it.

16 Q. Okay. And then on the next page
17 there's an indication that on November 16th of
18 2018, you moved to cab assembly L.

19 A. What was the date?

20 Q. November 16, 2018.

21 A. Yes. But I was on L line.

22 Q. Correct. Cab assembly L, as in
23 Larry?

24 A. Yes. I was not on C line in August.
25 It states that, but I was not.

1 C. BEHM

2 Q. In August of which year?

3 A. It says of 2018 that I was on C
4 line, and I was not.

5 Q. I believe August of 2018 was when
6 you went out on leave, correct, after your
7 shoulder injury?

8 A. Yes.

9 Q. So you are saying, when you went out
10 for that -- because of that injury, you were not
11 on C line at that time?

12 A. I don't recall.

13 Q. How long did you remain on the L
14 line after you moved?

15 A. I stayed on L line until I went out
16 on A&S in May. When I came back in September, I
17 was in Mack in Motion. Then briefly on G line
18 in December until -- until about January. Then
19 I was back at Mack in Motion. And then placed
20 on second shift, L line.

21 Q. So if you'll flip over to the page
22 where, if you look for the date, December 9th of
23 2019, looks like you changed from cab assembly L
24 to a different position.

25 A. I was probably assisting on that

1 C. BEHM

2 line.

3 Q. Do you know what that C-O-N-V stands
4 for?

5 A. Conventional, would be my guess.

6 Q. And this document shows that you
7 remained in that role through March the 4th of
8 2020.

9 A. It states that, but I was not on
10 sleeper. I was on L line.

11 Q. And if you look over on the next
12 page, if you look at the date of February the
13 17th of 2020.

14 A. February 17, 2020?

15 Q. Yes. It looks like that date you
16 moved from shift 1F to shift 2E, if you look all
17 the way over to the right.

18 A. Correct.

19 Q. Was that the first date that you
20 worked on second shift?

21 A. Yes.

22 Q. And you worked on second shift from
23 February 17th through March the 4th?

24 A. Yes.

25 Q. And then you did not return to work

1 C. BEHM

2 after that?

3 A. Yes.

4 Q. If you would look over at the last
5 page of this document.

6 So, Ms. Behm, you were employed by Mack
7 Trucks from January of 2018 through March of
8 20 -- or, excuse me, February of 2021. Is that
9 correct?

10 A. Yes.

11 Q. A little over three years?

12 A. Yes.

13 Q. According to the last page of this
14 document, during that time period, you worked
15 2,767.9 hours. Does that sound correct to you?

16 A. Without having a calculator in front
17 of me, I would say "yes." Yes.

18 Q. All right. We talked about during
19 the time period of your employment at Mack that
20 you got some pay raises. Correct?

21 A. Yes.

22 Q. And that was pursuant to the CBA?

23 A. Yes.

24 Q. Now, you've also just testified a
25 minute ago that you got a pay decrease when you

1 C. BEHM

2 moved to second shift.

3 A. Yes.

4 Q. At any other time when you worked at
5 Mack, did you get a pay decrease?

6 A. No.

7 Q. Did your benefits ever change during
8 the time you worked at Mack?

9 A. No.

10 Q. And I think you may have told me
11 this earlier. Do you remember what your pay
12 rate was at the time you resigned in February of
13 2021?

14 A. I want to say 21.12.

15 Q. How much were you making before you
16 moved to second shift?

17 A. I don't recall. There was a shift
18 differential, also. I don't remember what the
19 percentage was.

20 Q. So when you move to second shift,
21 you get a shift differential?

22 A. Yes. My pay went from production
23 tech, or production tech flex to just production
24 tech, and then so it lowered. And then the
25 shift differential went up a little.

1 C. BEHM

2 Q. So with the shift differential, was
3 it more than you were making in the flex
4 position?

5 A. I don't recall. I think it stayed
6 around the same, just because it went -- it
7 decreased and then increased because of the
8 shift differential. So it kind of averaged out.

9 Q. Directing your attention to the time
10 period you worked at Mack, did you have Corey on
11 your benefits?

12 A. I did.

13 Q. Why was -- at some point in time,
14 wasn't Corey also employed by Mack?

15 A. He was.

16 Q. When did Corey start working at
17 Mack?

18 A. Same date I did, January 2nd, 2018.

19 Q. So why was he on your benefits?

20 A. He did not go on my benefits until
21 we got married.

22 Q. And then why was he on your
23 benefits?

24 A. Family plan was cheaper than
25 individual plans.

1 C. BEHM

2 (Life Event Change Form 2018 is
3 received and marked as Exhibit 11
4 for identification, as of this
5 date.)

6 (Life Event Change Form 2019 is
7 received and marked as Exhibit 12
8 for identification, as of this
9 date.)

10 Q. Ms. Behm, I'll hand you what has
11 been marked as Exhibit Number 11 and Exhibit
12 Number 12. I just want to verify.

13 Exhibit Number 11 appears to be a
14 Life Event Change Form that you submitted,
15 indicating that you had got married.

16 A. Yes.

17 Q. And that occurred on July 7th of
18 2018?

19 A. Yes.

20 Q. And then if you would look at
21 Exhibit Number 11 -- excuse me, Exhibit Number
22 12. Exhibit Number 12 appears to be another
23 life event change form that you submitted?

24 A. Yes, but this was denied.

25 Q. Your life event change form was

1 C. BEHM

2 denied?

3 A. Yes.

4 Q. Why was it denied?

5 A. Kaitlyn denied it because, even
6 though it says we were separated, she would not
7 let me remove him until she had a divorce
8 decree.

9 Q. So you submitted -- when did you
10 submit this document?

11 A. The date that he assaulted me.

12 Q. So that's May 11th of 2019?

13 A. Yes.

14 Q. Let me ask you -- look over at the
15 second page, if you would.

16 A. Yes.

17 Q. Down at the bottom what is the date
18 on the document?

19 A. October 8th, 2019.

20 Q. So did you -- you indicated you
21 submitted it the day he assaulted you, so why is
22 it dated October?

23 A. It says: Effective date of life
24 event change. That was the date that we -- that
25 he assaulted me. So I took it as our

1 C. BEHM

2 relationship is over. And on October 8, 2019 is
3 when I informed Mack.

4 Q. So why did you wait until October 8
5 to inform Mack?

6 A. I wasn't at the plant.

7 Q. You returned to the plant in
8 September; is that correct?

9 A. Yes. But by the time I went through
10 a union rep and got to human resources, that was
11 the turnover rate.

12 Q. So did you ever remove Corey from
13 your insurance?

14 A. Eventually I was able to, yes.

15 Q. When did you move him from the
16 insurance?

17 A. I got my divorce decree in March of
18 2020.

19 Q. And is that when -- did you resubmit
20 the form at that time?

21 A. I believe I emailed it to someone
22 because I wasn't there. Or I brought it in.

23 Q. On the first page of this document
24 where it's marked -- you marked the box next to
25 "divorce," it indicates: Divorce or legal

1 C. BEHM

2 separation, provide divorce decree or court's
3 order of separation.

4 Do you see that?

5 A. Yes. I provided them a copy of my
6 PFA to show proof of separation. Which was
7 denied.

8 Q. What is a PFA?

9 A. Protection from abuse.

10 Q. But at that point in time, did you
11 have a court order of separation?

12 A. Yes.

13 Q. You had a court order of --

14 A. There's no legal separation in the
15 State of Pennsylvania. So I submitted my PFA to
16 show that we were no longer together, living
17 together, to show separation. Which was denied.

18 Q. Did you -- as a result, did you end
19 up paying for his insurance until you were
20 formally divorced?

21 A. Absolutely.

22 Q. Did he contribute to that, at all?

23 A. No.

24 Q. When did he leave work at Mack?

25 A. I don't recall the exact date.

1 C. BEHM

2 Q. When he assaulted you in May of
3 2019, was he still working at Mack?

4 A. No.

5 Q. Do you know -- why did he leave work
6 at Mack?

7 A. To my recollection, I believe he was
8 taking care of me, after my shoulder injury. I
9 believe that's why he left, but I don't know the
10 exact date.

11 Q. So that would have been sometime
12 after August of 2018?

13 A. Yes.

14 MR. MC COY: Why don't we take
15 another short break.

16 (A lunch break was taken.)

17 FURTHER EXAMINATION

18 BY MR. MC COY:

19 Q. We are back on the record, and I'll
20 remind you that you're still under oath.

21 How was your job performance when you
22 worked at Mack?

23 A. No supervisors complained.

24 Q. Did you feel like you were a good
25 employee?

1 C. BEHM

2 A. Absolutely. I went in and gave it
3 my all.

4 Q. Did you ever get any performance
5 evaluations when you worked at Mack?

6 A. Probably behind the scenes.

7 Q. Did you ever get formal, like
8 written performance evaluations of any sort?

9 A. Not that I recall.

10 Q. Did you have any performance
11 problems during your time at Mack?

12 A. No.

13 Q. Did you ever receive any
14 disciplinary actions while you worked at Mack?

15 A. Yes.

16 Q. What do you recall receiving
17 disciplinary actions for?

18 A. I was told I left my working area
19 when I was flex, so I was tied to the line, not
20 a specific area. So I was assisting another
21 team leader named Fallon in the area right
22 before the one that I was normally at, and I got
23 written up for that. But I refused to sign the
24 disciplinary action.

25 Q. Any other discipline besides that?

1 C. BEHM

2 A. Another one, a team lead said that I
3 wasn't in the work area. Again, I was tied to
4 the line, not an area. And that also came from
5 the team lead that was spending seven hours out
6 of the eight-hour day smoking cigarettes out
7 back.

8 Q. Who was that?

9 A. I believe his name was Justin.

10 Q. Any other discipline besides that?

11 A. When I moved from C line to L line,
12 it stated that I was -- I was reassigned, but
13 there was an altercation with me and a team lead
14 named Sara. And it was: Either move Colleen or
15 I quit.

16 Q. What kind of altercation did you
17 have?

18 A. I was on one of the hardest jobs on
19 C line, building pass-through plates, chassis
20 blocks. Numerous things. And I was already two
21 in the hole when I came in the door to fill in
22 for someone, and I asked the team lead for help.

23 Four hours later, when lunch came around,
24 I still had no help. And then she tried to yell
25 at me at the end of the shift when everyone was

1 C. BEHM

2 still lined up at the time clock, and I was
3 still working. And I told her: I asked for
4 help numerous times, and you stood over there
5 flirting with the other gentlemen on the line
6 instead of helping.

7 So since I told her how I saw it, I got
8 kicked off of the line and moved out to L line.

9 Q. So in terms of altercation, you mean
10 just a verbal altercation, not a physical
11 altercation?

12 A. Correct.

13 Q. And so you made the comment that,
14 you know, Colleen needs to move. Are you saying
15 that Sara said if you weren't moved that she was
16 going to quit?

17 A. Absolutely.

18 Q. Who did she say that to?

19 A. Everybody at the clock-out line.
20 She was very beside herself about the ordeal.

21 Q. Did she report it to a supervisor?

22 A. Brian came over, the C line
23 supervisor, and I told him exactly what
24 happened, that I asked for help numerous times,
25 and it was her job as that area team lead to

1 C. BEHM

2 assist where it was needed. And she failed to
3 do her job.

4 Q. And so you said this was when you
5 moved from which job?

6 A. From C line to L line.

7 Q. And do you recall when that took
8 place?

9 A. Can I look back at the --

10 Q. Was that the May -- well, yeah, it's
11 fine. Please. Yeah, you're welcome to refresh
12 your mind.

13 Was that the May 2018? Might be easier to
14 look at the document before that.

15 A. Yes.

16 Q. May of 2018?

17 A. Yes.

18 Q. Did you get written up for that?

19 A. No.

20 Q. Any other write-ups that you recall?

21 A. No.

22 (Notice of Formal Documented
23 Discussion, Attendance Policy is
24 received and marked as Exhibit 13
25 for identification, as of this

1 C. BEHM

2 date.)

3 Q. Ms. Behm, I'm going to hand you
4 what's been marked as Exhibit Number 13. Take a
5 minute and look at that and let me know when
6 you're ready to answer questions.

7 A. I'm ready.

8 Q. Okay. What is Exhibit 13?

9 A. This is a Notice of Formal
10 Documented Discussion for the Attendance Policy.

11 Q. So this is -- as we talked earlier
12 under the attendance policy, it was a
13 points-based system, and at certain -- when you
14 incurred a certain amount of points, you would
15 get a particular type of discipline; is that an
16 accurate statement?

17 A. Yes.

18 Q. Okay. So did you receive a
19 documented discussion on July 24th of 2018,
20 under the attendance policy?

21 A. Yes.

22 Q. And did you dispute this write-up or
23 this documented discipline?

24 A. Yes.

25 Q. In what way did you dispute it?

1 C. BEHM

2 A. Through Carl Kerchner.

3 Q. What was your issue with it?

4 A. Carl and I went to Brian, my
5 supervisor on C line, to request time off for me
6 for my wedding. Brian declined. So then we
7 went to the plant manager. He said: Go enjoy
8 your wedding. Which I did. And I got written
9 up for two days that I took off for my wedding.

10 Q. Which of these two dates were those?

11 A. 7/6 and 7/9.

12 Q. And there's a note out to the side
13 of I guess the 7/9 entry where it says, absent,
14 unexcused, no notice. And it says: Did give
15 notice. Do you know whose handwriting that is?

16 A. No.

17 Q. Did you file a grievance over this
18 disciplinary action?

19 A. I don't remember.

20 Q. Do you know if this was removed from
21 your record?

22 A. I'm sure it wasn't. It's right here
23 that it wasn't excused.

24 Q. And who issued this disciplinary
25 action to you?

1 C. BEHM

2 A. Kaitlyn.

3 Q. And did you and Carl meet with
4 Kaitlyn to discuss the discipline?

5 A. Yes.

6 (Notice of Disciplinary Action
7 are received and marked as Exhibit
8 14-15 for identification, as of this
9 date.)

10 Q. Ms. Behm, I'm going to hand you what
11 has been marked as Exhibit 14 and Exhibit 15.
12 Do you recognize both of those documents?

13 A. Yes.

14 Q. Now, you referenced a few minutes
15 ago that you were written up twice for leaving
16 your work area. Are these the write-ups for
17 those violations?

18 A. Yes.

19 Q. So let me look at Exhibit 14 to
20 start with. That one was issued July 24, 2018;
21 is that right?

22 A. Yes.

23 Q. And who issued that to you?

24 A. The supervisor was Carolina O'Connor
25 at the time.

1 C. BEHM

2 Q. Now, tell me what the problem was,
3 from your perspective, with this write-up.

4 A. She put: Leaving assigned work area
5 during work hours, without permission. I'm not
6 assigned to an area. I'm assigned to the line.

7 Q. Do you know what happened on this
8 particular date on -- it looks like July 19,
9 2018?

10 A. Yes.

11 Q. What happened?

12 A. I was right next to the area in
13 kitting, assisting with a dash.

14 Q. And was that part of your job duty,
15 to work in kitting?

16 A. Yes.

17 Q. As a flex tech, you would work in
18 kitting, as well?

19 A. All of L line.

20 Q. So did Ms. O'Connor tell you why you
21 were written up for being off the line that day?

22 A. Yes.

23 Q. Why?

24 A. Because she said I left my work
25 area.

1 C. BEHM

2 Q. So did you formally dispute this
3 disciplinary action in any way?

4 A. Yes, I refused to sign it.

5 Q. Did you file a grievance?

6 A. I don't remember.

7 Q. Was there a union representative
8 with you when this was issued to you?

9 A. I believe Carl was there.

10 Q. If you look at the next document,
11 Exhibit 15, what's the date on this disciplinary
12 action?

13 A. 3/8/2019.

14 Q. Who was the supervisor that issued
15 it to you?

16 A. Zachary.

17 Q. And, again, this was written up for
18 violation of Work Rule 2 for not being in your
19 area?

20 A. Yes.

21 Q. Do you remember what happened on
22 this occasion that caused you to be write up --

23 A. Yes.

24 Q. -- to be written up, excuse me.

25 A. I was assisting in the kitting area

1 C. BEHM

2 for the steering columns. And that team lead
3 was mad that I was helping another team lead
4 assist on installing brackets.

5 Q. So was the other team lead -- were
6 you supposed to be assisting that team lead with
7 something?

8 A. Like I said, I'm tied to the line,
9 not a team lead or a supervisor.

10 Q. But I guess I'm asking, did you
11 have -- were there multiple duties you were
12 supposed to be doing that day?

13 A. Wherever they needed me on L line, I
14 was to assist. That was my job.

15 Q. So if I understand, you're saying
16 the other team leader needed you for something,
17 but you were already assisting at the time?

18 A. He didn't even need me. He was just
19 mad that I wasn't in his area so he could play
20 solitaire and smoke cigarettes.

21 Q. And who was that team lead?

22 A. I believe his name was Justin. I
23 could be wrong. He was in the very first
24 section after the sleepers came on the line.

25 Q. So would Justin -- Justin was a team

1 C. BEHM

2 lead. Zachary was the supervisor?

3 A. Yes.

4 Q. So Justin would report to Zachary?

5 A. Yes.

6 Q. Did you meet with Zachary about this
7 disciplinary action?

8 A. He came up to me the day after it
9 happened and handed me the disciplinary action.

10 Q. Was there a union representative
11 there?

12 A. I told him to go find Carl. And
13 Fallon, who was the team leader I was assisting,
14 he went to -- Carl went to Fallon, and Fallon
15 said, Yeah, she was helping me with brackets.
16 And Zack said, Well, HR already has the
17 disciplinary action, so I can't retract it. So
18 it was confirmed that I was doing my job.

19 Q. Did you do anything to formally
20 dispute this disciplinary action?

21 A. I thought me not signing it was
22 statement enough.

23 Q. Did you file a grievance over this?

24 A. I don't remember.

25 (Letter dated 3/3/20 is received

1 C. BEHM

2 and marked as Exhibit 16 for
3 identification, as of this date.)

4 Q. I'll hand you what has been marked
5 as Exhibit 16. Again, if you would look at that
6 and let me know when you're ready to answer
7 questions.

8 A. I am ready.

9 Q. What is Exhibit 16?

10 A. This is a list of days I was absent
11 and their corrective actions at Mack Trucks.

12 Q. So on this particular occasion, it
13 looks likes you were being issued an informal
14 document of discussion. Is that what this is?

15 A. For this, yes.

16 Q. And this was again for violation of
17 the attendance policy; is that right?

18 A. Yes.

19 Q. Who issued this to you?

20 A. Kaitlyn.

21 Q. Did you dispute this write-up?

22 A. Yes.

23 Q. Why did you dispute this one?

24 A. Because every single absence on this
25 I had either a subpoena or a court order that I

1 C. BEHM

2 had to be in court, and they wrote me up for not
3 being there at work.

4 Q. So what did you have to be in court
5 for on these dates?

6 A. I had to be in court for my
7 protection order. I had to be in court for
8 hearings for his charges. I had to be in
9 custody court, child support court. All orders
10 by the judge.

11 Q. Now, it looks like two of the dates
12 on here are marked through. Do you know why
13 that is?

14 A. No, I do not.

15 Q. So you did not think you should have
16 been written up for any of these dates?

17 A. I can't be at two places at once.

18 Q. Again, so my question is, you don't
19 think you should have been written up for any of
20 these?

21 A. Absolutely not.

22 Q. Is attending a court hearing an
23 excused absence?

24 A. Yes.

25 Q. Under the attendance policy?

1 C. BEHM

2 A. Under the State of Pennsylvania.

3 Q. If you have a subpoena or any court
4 appearance?

5 A. I believe any court appearance, if
6 you're ordered by the court, you have to be
7 there or a warrant for your arrest is issued.

8 Q. Now, were all of these court
9 appearances, was your attendance required?

10 A. Yes.

11 Q. And did you miss the entire day for
12 all of these court appearances?

13 A. Yes.

14 Q. Even if your hearing was in the
15 morning you would miss the entire day of work?

16 A. I believe there's actually a court
17 hearing I didn't even attend.

18 Q. But if the hearing lasted for an
19 hour, would you miss the entire day of work?

20 A. Yes, because I lived an hour away.

21 Q. Where did the hearings take place?

22 A. Berks County, and I worked in
23 Lehigh.

24 Q. Where is the courthouse in Berks
25 County?

1 C. BEHM

2 A. Reading, Pennsylvania.

3 Q. Did you meet with Kaitlyn to discuss
4 this attendance write-up?

5 A. Yes.

6 Q. Was anybody else present when you
7 met with her?

8 A. My second shift, new union rep,
9 Kevin -- I don't know his last name. What is
10 that? Meckes-Gibbons? M-E-C-K-E-S, dash
11 Gibbons. That was the first time I met with
12 Kevin.

13 Q. And did you file a grievance over
14 that attendance violation?

15 A. I don't recall if it was a
16 grievance, but we had a meeting with Kaitlyn.

17 Q. Outside of the disciplinary actions
18 we just reviewed, do you recall any other
19 disciplinary actions that you received during
20 your time at Mack?

21 A. No. But I know this three -- I
22 think it's three -- no, I'm sorry. One of these
23 dates I was out sick, and Kaitlyn asked me for a
24 doctor's note, so I supplied her with the
25 doctor's note. And she went on to ask me about

1 C. BEHM

2 my health and why I had a doctor's note. And I
3 told her that I thought that was a HIPAA
4 violation, that a doctor's note is sufficient
5 enough. And she refused to take off that point,
6 also.

7 Q. Under the attendance policy, is
8 having a doctor's note -- does having a doctor's
9 note create an excused absence?

10 A. I don't remember.

11 Q. All right. I want to talk now about
12 your leave of absence in 2018. I know we have
13 already talked about that briefly earlier.

14 (Benefits document is received
15 and marked as Exhibit 17 for
16 identification, as of this date.)

17 Q. I'll hand you what has been marked
18 as Exhibit 17. Let me know when you're ready to
19 talk about this.

20 A. Okay.

21 Q. All right. So, this appears to be a
22 request for A&S leave benefits that you
23 completed in August of 2018; is that correct?

24 A. Yes.

25 Q. We discussed your leave of absence

1 C. BEHM

2 in August of 2018, earlier, and I believe this
3 was when you were injured when you were on
4 vacation.

5 A. Yes.

6 Q. And you hurt your shoulder?

7 A. Yes.

8 Q. Now, you indicated you had already
9 had a shoulder injury before. When did the
10 prior shoulder injury occur?

11 A. April of 2013, I broke my clavicle.

12 Q. Before you came to Mack?

13 A. Yes.

14 Q. I'm just going to kind of flip
15 through these pages. I may have a couple of
16 questions for you.

17 The second page of this document, is that
18 your signature about halfway down the page?

19 A. Yes.

20 Q. And if you look at the next page of
21 the document, which appears to be a medical
22 statement. Was Craig O'Neill your physician at
23 that time?

24 A. Yes.

25 Q. What kind of doctor is he?

1 C. BEHM

2 A. Orthopedic.

3 Q. And over on the right-hand side of
4 the page, there's a notation that you were
5 injured, it looks like, on August 7th of 2018,
6 and it says: Fell on cruise; is that correct?

7 A. Uh-huh.

8 Q. Yes?

9 A. Yes.

10 Q. I believe you told me you were
11 injured when you were swimming?

12 A. Yeah. I didn't fill this paper out.
13 He did.

14 Q. Did you tell him you fell?

15 A. I told him it happened on a cruise.
16 Maybe he filled this out afterwards. I don't
17 know.

18 Q. And he indicated that you were
19 disabled from August the 13th through August the
20 27th of 2018. Down on the left-hand side.

21 A. Correct.

22 Q. If you'll flip over a couple of
23 pages, there's a document at the -- well, if we
24 look at the Bates Number down at the bottom,
25 it's Plaintiff's 330. It starts with Part A,

1 C. BEHM

2 Medical Facts, at the top of it.

3 A. Yes.

4 Q. If you go down, in question 3, so
5 there's a line there that says: Is the employee
6 unable to perform any of his or her job
7 functions due to the condition?

8 And he says: Yes.

9 A. Correct.

10 Q. No lifting, pushing, or pulling.
11 So you were not able to perform your job
12 at this time?

13 A. At that time, I was not.

14 Q. Did you apply for FMLA leave at this
15 time?

16 A. FMLA or A&S?

17 Q. FMLA. Did you apply for FMLA leave
18 for this absence?

19 A. I don't remember.

20 Q. At this point in time, you had not
21 been employed by Mack for a year, had you?

22 A. It goes by hours, not time, like --
23 not like a year. It's amount of hours in a year
24 time.

25 Q. But, again, my question was, at this

1 C. BEHM

2 point in time, you had not been employed for a
3 year, correct?

4 A. Correct.

5 Q. All right. So if you would flip
6 over to the page that, down at the bottom is
7 marked Plaintiff's 334. It's a document called
8 Diagnosis Treatment Plan.

9 A. Yes.

10 Q. All right. And at this point in
11 time, it looks like -- and, again, I take it,
12 was this completed by Dr. O'Neill?

13 A. Yes.

14 Q. And he says, the treatment plan is:
15 Rest, physical therapy, with a follow-up on
16 October the 9th.

17 A. Correct.

18 Q. So did you remain out of work
19 through that time period?

20 A. Yes.

21 Q. If you would flip over to
22 Plaintiff's 339, called the Physical
23 Capabilities Checklist. Do you see that?

24 MR. BAIRD: It's hard to see.

25 It's obscured.

1 C. BEHM

2 A. Okay. Yes. The page?

3 Q. It's dated September 19, 2018, looks
4 like?

5 A. Yes.

6 Q. And at this point in time, again, is
7 this Dr. O'Neill that filled out this document?

8 A. Yes.

9 Q. And it indicates "No workup" at the
10 top?

11 A. Correct.

12 Q. All right. And if you go to the
13 next page, and over on the right-hand side,
14 again, we have a description of when the
15 accident occurred, August 7, 2018. And this
16 time it says zip-lining.

17 A. I see that.

18 Q. Do you know where Dr. O'Neill got
19 that information from?

20 A. I did go zip-lining.

21 Q. Did you hurt your shoulder
22 zip-lining?

23 A. I mean, zip-lining hurts every part
24 of the body.

25 Q. What exactly did you tell

1 C. BEHM

2 Dr. O'Neill about how you got hurt?

3 A. I told him about the sea lion, but
4 he did ask me everything I did on the cruise.
5 Maybe he was putting it through all of the
6 different aspects of the cruise.

7 Q. All right. And if you would look at
8 the next page.

9 A. Okay.

10 Q. What is this document?

11 A. Physical Capabilities Checklist
12 from -- from Mack Trucks.

13 Q. And so is this a-- is this a Return
14 to Work document?

15 A. I don't know what this is.

16 Q. If you look halfway down the
17 right-hand side of this document, it indicates
18 that you were able to return to work with
19 restrictions per physical capabilities from 11/6
20 of '18.

21 Do you see that?

22 A. Yes. That's from Helene who is a
23 Mack employee.

24 Q. Okay. And then over on the
25 left-hand side, down at the bottom: May lift 30

1 C. BEHM

2 pounds, no more than 10 pounds above shoulder
3 level?

4 A. Yes.

5 Q. Did you have those restrictions when
6 you returned to work at Mack?

7 A. It says that, but when I returned, I
8 was working on L line in the kitting area, with
9 very heavy steering columns.

10 Q. All right. So if you would look at
11 the next page, please.

12 A. Yes.

13 Q. Is this a document completed by
14 Dr. O'Neill?

15 A. Yes.

16 Q. And if you look down at the bottom,
17 did he release you to return on November 8th of
18 2018, with no restrictions?

19 A. Yes.

20 Q. And what date did you actually
21 return to work?

22 A. That, I don't know the exact date.

23 Q. If we go back and look at Exhibit
24 Number 9, it looks like, according to that
25 document, you returned to work on November 16th,

1 C. BEHM

2 I believe.

3 A. Yes.

4 Q. And did you return to a different
5 job when you came back in November of 2018?

6 A. Yes.

7 Q. So what job did you go into in
8 November of 2018?

9 A. I was on L line.

10 Q. Do you know why you got moved to a
11 different job in November of 2018?

12 A. I was moved every day so I couldn't
13 tell you exactly what time of each day I was on
14 what job. I can tell you around about.

15 Q. Okay. So let me go back because
16 maybe my question is bad.

17 Did you move to a different line when you
18 came back from this leave of absence?

19 A. I don't remember.

20 Q. Do you recall why it took a week
21 from your release until you went back to work?

22 A. I believe it was something with
23 placement.

24 Q. What do you mean by "placement"?

25 A. Mack had to decide, I guess, which

1 C. BEHM

2 line to put me on. I was flex. They could put
3 me wherever they wanted.

4 Q. But you went back into the flex tech
5 position at that point in time?

6 A. Yes.

7 Q. Not a different -- you weren't just
8 a production tech at that time?

9 A. Correct.

10 (Email is received and marked as
11 Exhibit 18 for identification, as of
12 this date.)

13 Q. I'm handing you what's been marked
14 as Exhibit 18.

15 A. Okay.

16 Q. Do you recognize that document?

17 A. I've never seen this document.

18 Q. Yeah. I was going to say, it's
19 probably not something you've ever seen.

20 This is an email, obviously an internal
21 email from Mack that indicates that in --
22 you requested two weeks of emergency leave the
23 week of December 3rd, 2018 and December 10th of
24 2018. Do you recall requesting emergency leave
25 then?

1 C. BEHM

2 A. Yes.

3 Q. Why did you request emergency leave?

4 A. My husband pulled a gun out at me.

5 Q. And do you know when that happened
6 exactly, the date?

7 A. It was either the -- it was right
8 before December 3rd, so either the 1st or the
9 2nd.

10 Q. And did you -- were you granted
11 emergency leave?

12 A. They denied it.

13 Q. Did they tell you why they denied
14 your leave request?

15 A. I was on a group phone call with
16 Kaitlyn and I believe Kevin Fronheiser at the
17 time, and Kaitlyn asked me if there was a
18 college student that could watch my daughter for
19 me, because I had no child care at the time.

20 And I said: My daughter just went through
21 a traumatic experience seeing her father pull a
22 gun out at me. I don't think I can find
23 someone.

24 Q. So were you requesting emergency
25 leave because you needed child care?

1 C. BEHM

2 A. I needed to find a place to live.

3 Q. So you moved out of your house --

4 A. Yes.

5 Q. -- as a result?

6 A. Yes.

7 Q. The house where you were living, was
8 it your house?

9 A. We were renting it together.

10 Q. Is that the same house you currently
11 live in?

12 A. No.

13 Q. What was the address of that?

14 A. 608 Main Street, Blandon,
15 Pennsylvania.

16 Q. Is that a house that you moved into
17 after you got married?

18 A. Yes.

19 Q. So where did you move after this
20 incident happened?

21 A. 216 Halsey Avenue, where I currently
22 reside.

23 Q. And how long did it take you to make
24 that move from one location to the other?

25 A. I moved in right before Christmas.

1 C. BEHM

2 Q. So where did you live between the
3 incident and moving into the -- your current
4 address?

5 A. My sister's couch.

6 Q. Where does your -- and I know you
7 told me where your sister lives.

8 A. She was living in Mohnton at that
9 time.

10 Q. And I'm not sure -- circling back to
11 the question I asked you a minute ago, did they
12 tell you why they denied your request for
13 emergency leave?

14 A. Because they needed me at work.

15 Q. There's a reference in here to a
16 Drew, is it Kuhn? Kuhn? Do you know who that
17 is?

18 A. I don't know who that is.

19 Q. Was that your supervisor at the
20 time?

21 A. That, I don't know. I think Drew
22 was -- yes, Drew was the supervisor for the
23 whole L line. I never really spoke to him. But
24 I believe he was the L line supervisor.

25 Q. Okay.

1 C. BEHM

2 (Short Term Disability Benefit
3 Claim Form is received and marked as
4 Exhibit 19 for identification, as of
5 this date.)

6 Q. I hand you what has been marked as
7 Exhibit 19. I apologize. This is not the
8 greatest copy in the world so I apologize for
9 that. I think it's one of those documents
10 that's been scanned too many times and got
11 blurry, so --

12 A. It's okay.

13 Okay.

14 Q. All right. So after the request for
15 emergency leave was denied, did you apply for
16 accident -- A&S benefits?

17 A. Yes.

18 Q. And is this the paperwork that you
19 submitted to apply for A&S benefits in December
20 of 2018?

21 A. Yes.

22 Q. It looks like you applied on
23 December the 5th?

24 A. Yes.

25 Q. All right. And if you look at the

1 C. BEHM

2 second page of this document, looks like there's
3 a different physician or maybe physician's
4 assistant who filled this out, Brent -- Brent
5 Calhoon?

6 A. Yes.

7 Q. Where is Brent -- what practice is
8 he with?

9 A. Green Hills Family Medicine.

10 Q. That's in Reading?

11 A. Flying Hills.

12 Q. And what was the reason you took A&S
13 leave in December of 2018?

14 A. Well, I initially requested just a
15 leave of absence to get my things in order. And
16 with Mack being very un -- having no compassion,
17 my anxiety skyrocketed. And I was concerned for
18 my well-being and my family's well-being. So I
19 took off.

20 Q. And if you look over a couple more
21 pages to the page that's Bates labeled Plaintiff
22 350.

23 A. Yes.

24 Q. Is that a form that was filled out
25 by Brent Calhoon, and there's -- do you know who

1 C. BEHM

2 the other name is?

3 A. Yes. Kimberly Rauenzahn.

4 Q. Who is Kimberly? Is she the doctor?

5 A. She -- Brent is a PAC. Kaitlyn felt
6 like he wasn't able to diagnose and wanted a DO,
7 so she sent this back and made a DO sign it,
8 also.

9 Q. She's in the same practice with
10 Brent?

11 A. Yes.

12 Q. And according to this document, the
13 diagnosis was: Major depression, recurrent and
14 generalized anxiety.

15 A. Yes.

16 Q. All right. And if you look at the
17 next page, again, is this a document that was
18 filled out by Mr. Calhoon?

19 A. Yes.

20 Q. It indicates your estimated length
21 of disability is one to three months?

22 A. Yes.

23 Q. And were you able to work at this
24 point in time?

25 A. No.

1 C. BEHM

2 Q. If you flip over to the next page,
3 when were you released to return back to work?

4 A. I saw him on a -- I believe it was a
5 Tuesday or Wednesday before the 21st. And he
6 told me to have a fresh start that coming
7 Monday.

8 Q. So when you returned to work on
9 January 21st of 2019, what position did you work
10 in?

11 A. L line, where I was when I left.

12 Q. Still in a production flex position?

13 A. Yes. I was back at the steering
14 columns.

15 Q. Explain that to me, because you said
16 you were back at the steering columns. I
17 thought in a flex position you did whatever.

18 A. Yeah.

19 Q. So when you say that you're at the
20 steering columns, would you just work in the
21 steering columns, or would you work up and down
22 the line?

23 A. Mainly that area, whether it be the
24 area before, area after it, sometimes the area
25 up a little bit. I specialized pretty much in

1 C. BEHM

2 dash and all the way back. So that was the area
3 I mainly stayed in.

4 Q. So when you would come into work
5 each day, would you be told -- would somebody
6 say: Here's where you need to go work today?

7 A. I would apply -- apply -- I would go
8 to the same area I was at the day before, and if
9 nothing changed, they didn't need me somewhere
10 else, I would float around that area and assist
11 where I was needed.

12 Q. Who was responsible for telling
13 you -- like if you needed to move from one area
14 to another, who would tell you that?

15 A. Normally, a supervisor on L line
16 would come up to me and say: Hey, we need you
17 in this area or that area. But I would stay on
18 L line.

19 Q. You didn't have a particular
20 supervisor that would come, say, All right,
21 today you need to be in this area? Any of the
22 supervisors on L line can move you around?

23 A. Pretty much, but Drew would conduct
24 it.

25 (Corrective Action Request

1 C. BEHM

2 Application is received and marked
3 as Exhibit 20 for identification, as
4 of this date.)

5 Q. I hand you what has been marked as
6 Exhibit 20.

7 A. Okay.

8 Q. Is this a document you have ever
9 seen before?

10 A. No.

11 Q. I want to ask you -- so, again, we
12 talked earlier that in May of 2019, you -- you
13 had an injury at work?

14 A. Yes.

15 Q. Tell me what happened on that date.

16 A. I stepped into a sleeper cab and
17 there was a bracket that I smashed my head on.

18 Q. And did you cut yourself?

19 A. I had like an indent on the top of
20 my forehead right here, but it wasn't like a
21 laceration. I wasn't bleeding.

22 Q. What were the other symptoms after
23 that happened?

24 A. I started seeing dots right after it
25 happened, and I sat down. And the person I was

1 C. BEHM

2 working with -- I don't recall their name --
3 said, Are you okay? I said, Get the supervisor.
4 And I believe Don came over. And I said, I hit
5 my head. And he asked if I was okay. I said,
6 Yeah, just let me get a drink of water. I'll be
7 okay.

8 And throughout the day I noticed that my
9 ears started ringing. My eyesight got really
10 sensitive to light, and didn't really have an
11 appetite. Just started feeling sick. So by the
12 end of the day, I said, you know, I'm not
13 feeling good. I need to report this to Medical.
14 And I did.

15 Q. So how did you report it to Medical?

16 A. I went to Medical, to the medical
17 unit, and told them what happened.

18 Q. So according to, you know, this
19 document, it indicates up at the top that the
20 incident was reported on May the 8th of 2019,
21 and it says the day of the incident was
22 approximately -- I think that says 8:30 am. Do
23 you know if that's correct? Maybe it's 9:30. I
24 can't tell for sure.

25 A. Where do you see that?

1 C. BEHM

2 Q. The second entry says: Date of
3 incident, and it has May 8th of 2019, and has a
4 time right next to it.

5 A. It's probably 8:30 because I
6 remember it was before first break. And first
7 break was at 9:10. Or, I'm sorry. 9:20.

8 Q. But if I understand you correctly,
9 you worked most of the shift before you went to
10 Medical?

11 A. Yes.

12 Q. Now, what happened when you went to
13 the medical department that day?

14 A. I told them I hit my head. And I
15 was harassed to go in an ambulance to the
16 hospital. And it was the end of the day. I
17 said, I can't. I live an hour away. I have to
18 get my kids. There's no way I can leave right
19 now and go to the hospital.

20 Instead of them signing a paper waiving
21 that right, they continued to have HR and other
22 representatives from the plant come up to me and
23 harass me about going to the hospital.

24 I said, No, give me the paper. I'll waive
25 my rights. I'll go to the hospital when I get

1 C. BEHM

2 home and I find care for my kids. And that's
3 what happened.

4 Q. So did you go to the hospital after
5 you got home?

6 A. Absolutely.

7 Q. What did they tell you at the
8 hospital?

9 A. I had a concussion.

10 Q. What did they tell you to do because
11 of that?

12 A. A minimum of 48 hours of brain rest,
13 meaning, go home, sit in a darkened room, keep
14 all the blinds shut, no sounds, just let your
15 brain recuperate.

16 Q. So did you work the day after that?

17 A. Mack called me, harassing me,
18 telling me I needed to get back into work.

19 Q. When did you go back to work?

20 A. That day.

21 Q. So the injury occurred on May the
22 8th.

23 A. Yes.

24 Q. Did you work May the 9th?

25 A. That's when they called me and told

1 C. BEHM

2 me I had to come in. I came in the next day,
3 the 10th.

4 Q. When you came in on the 10th, did
5 you have a meeting in -- in the dispensary?

6 A. Yes. For four hours.

7 Q. What happened in that meeting?

8 A. I told them that I was not supposed
9 to be there. I gave them my medical paperwork
10 from the hospital, stating I was still supposed
11 to be having brain rest. And they told me that
12 they could supply me with tinted glasses for
13 light sensitivity. They would provide me with,
14 not earmuffs, but something to help with the
15 sound, and asked if I would go on the floor,
16 wiping down carts.

17 I said, You guys are going against what
18 the hospital told me, with a minimum of 48 hours
19 of brain rest. It hasn't even been 48 hours.

20 They told me -- or I told them I shouldn't
21 even be there. That I shouldn't have even drove
22 in.

23 And they said that they would have sent a
24 shuttle to pick me up to come in.

25 And I flat out told them, If I have to --

1 C. BEHM

2 if you have to send a shuttle to pick me up, I
3 should not be in a manufacturing plant, putting
4 other people's lives at risk.

5 And after four hours -- Carl Kerchner was
6 sitting right next to me the whole four hours --
7 Mack finally said, Okay, go home.

8 (Physical Capabilities Checklist
9 is received and marked as Exhibit 21
10 for identification, as of this
11 date.)

12 Q. I hand you what has been marked as
13 Exhibit 21.

14 A. Okay.

15 Q. So have you seen this document
16 before?

17 A. No.

18 Q. So this appears to be a medical
19 evaluation on May 10th of 2019. Is that the day
20 you returned to the plant?

21 A. On the 10th?

22 Q. Yes.

23 A. Yes.

24 Q. And when you came back to the plant
25 that day, who did you see in the dispensary?

1 C. BEHM

2 A. Dr. Muto.

3 Q. And did Dr. Muto release you to
4 return to the light-duty job that day?

5 A. He tried to.

6 Q. And over on the left-hand side, it
7 says: No exposure to bright light. So bottom
8 of the left.

9 A. Yes.

10 Q. Did you have any other restrictions
11 besides limited exposure to bright light?

12 A. He was not my physician.

13 Q. That's what I mean. From the
14 emergency room, did you have other restrictions?

15 A. Yes.

16 Q. What were they?

17 A. No sounds.

18 Q. What else?

19 A. Pretty much what I stated before;
20 brain rest, sit in a darkened room, no sounds.
21 I didn't even have my kids.

22 Q. And you said 48 hours of rest,
23 correct?

24 A. Minimum, 48 hours.

25 Q. All right. And on the second page

1 C. BEHM

2 of this document, was there a -- did you -- was
3 there a Workers' Comp claim filed as a result of
4 this accident?

5 A. Yes.

6 Q. And was that claim denied?

7 A. Yes.

8 Q. Were you told why it was denied?

9 A. Because I did not go to the hospital
10 that they wanted me to go to. It wasn't in
11 network.

12 (Three-page doctor notes is
13 received and marked as Exhibit 22
14 for identification, as of this
15 date.)

16 Q. I've handed you what has been marked
17 as Exhibit 22.

18 A. Okay.

19 Q. Have you ever seen this document
20 before?

21 A. Not that I recall.

22 Q. All right. These are -- this is a
23 document from your medical records at Mack. And
24 it appears to reference the incident that
25 occurred on May 10th, 2019; is that correct --

1 C. BEHM

2 or excuse me, not the incident. Your meeting in
3 the dispensary on May 10th of 2019.

4 A. Yes.

5 Q. So down at the bottom of the page it
6 indicates -- there's a -- it says Workers' Comp
7 number.

8 Do you see that at the very bottom?

9 A. Yes.

10 Q. It says, Addendum: Patient
11 indicates she is unwilling to perform light
12 duty.

13 Did you refuse to perform light duty?

14 A. I refused to perform any duty during
15 the time that the hospital told me to be on
16 brain rest. So that was the day they were
17 trying to make me return to work, against
18 hospital wishes.

19 Q. And Dr. Muto sent you home that day?

20 A. Yes.

21 Q. And when did he tell you to come
22 back?

23 A. I believe Monday.

24 Q. All right. If you would look over
25 at the next page of the document.

1 C. BEHM

2 A. The 243?

3 Q. Yes. 243.

4 Down at the very bottom -- very bottom
5 line, starts on the end of the second-to-last
6 line, did you refer to Dr. Muto as a
7 veterinarian?

8 A. Absolutely.

9 Q. Why did you do that?

10 A. Because he's crooked.

11 Q. Why do you say that?

12 A. He's going against all other
13 doctors. He thinks he's the doctor. He's not.

14 Q. All right. And then if you look at
15 the next page, on 244.

16 A. Yes.

17 Q. The bottom of that first paragraph,
18 did you tell the nurse in the dispensary that if
19 you go out there and get sick, you're f'ing
20 suing?

21 A. Where do you see that?

22 Q. Very last line of the first
23 paragraph.

24 A. What page?

25 Q. 244.

1 C. BEHM

2 A. Yes, and I stood by that.

3 (Workers' Comp Denial Notice is
4 received and marked as Exhibit 23
5 for identification, as of this
6 date.)

7 Q. Let me hand you real quick what's
8 been marked as Exhibit 23.

9 A. Yes.

10 Q. Did you receive a copy of this
11 document?

12 A. Yes.

13 Q. And this just confirms that your
14 Workers' Comp claim was denied?

15 A. Yes.

16 Q. And the date of the denial is
17 May the 23rd of 2019; is that correct?

18 A. Yes.

19 Q. So Dr. Muto sent you home on the
20 10th, told you to come back the next week. Did
21 you come back to work the next week?

22 A. No.

23 Q. Why not?

24 A. I got assaulted on the 11th, which
25 was a Saturday.

1 C. BEHM

2 Q. Tell me what happened that day?

3 A. That day my daughter had a medical
4 bill. And I asked her father for money to pay
5 that medical bill, and he said, Okay. So I went
6 to retrieve the money, and we got into an
7 altercation, and he punched me.

8 Q. And this is Corey that you're
9 referring to, correct?

10 A. Yes.

11 Q. And did you end up having to seek
12 medical treatment because of that assault?

13 A. Yes.

14 Q. Did go over to the hospital that
15 day?

16 A. Yes.

17 Q. And do you recall what the diagnosis
18 was?

19 A. Another concussion.

20 Q. Did you go to the same -- same
21 hospital?

22 A. Yes.

23 Q. Did you see the same doctor?

24 A. I was in the emergency room for both
25 incidents.

1 C. BEHM

2 Q. And did you subsequently apply for
3 A&S benefits?

4 A. Yes.

5 (A&S letter is received and
6 marked as Exhibit 24 for
7 identification, as of this date.)

8 Q. I hand you what has been marked as
9 Exhibit 24. Take a look at that and let me know
10 when you're ready.

11 A. Okay.

12 Q. Is this your application for A&S
13 benefits, effective May 13th, 2019?

14 A. Yes.

15 Q. If you look at the second page,
16 which is 203, Mack 203, is that your signature
17 halfway down the page?

18 A. Yes.

19 Q. And then go to the next page, which
20 is 204. Over on the right-hand side it
21 indicates that the -- says the incident occurred
22 May the 12th of 2019; is that correct?

23 A. It happened on the 11th. So maybe
24 she filled this out the day after. I don't
25 know.

1 C. BEHM

2 Q. And then it says: Assault, injury
3 to face and head.

4 A. Yes.

5 Q. Do you know who the doctor was that
6 completed this?

7 A. It was originally Brent Calhoon, but
8 again, Kaitlyn wanted a DO. So Diane Bonaccorsi
9 resubmitted.

10 Q. All right. And if you flip over a
11 couple more pages to 206, this document down at
12 the bottom indicates that you -- they estimate a
13 length of disability is two to three weeks with
14 a return to work of June the 3rd.

15 A. Correct.

16 Q. And were you able to work at all at
17 that time?

18 A. No.

19 Q. Did you apply for FMLA leave at this
20 time?

21 A. I don't remember. If I did, it was
22 denied, because I didn't have hours.

23 (Mack letter dated 5/21/19 is
24 received and marked as Exhibit 25
25 for identification, as of this

1 C. BEHM

2 date.)

3 Q. I'm going to hand you what has been
4 marked as Exhibit 25.

5 A. Okay.

6 Q. All right. Was your request for A&S
7 benefits approved by Mack?

8 A. Yes.

9 Q. And looks like it was approved
10 through June the 3rd of 2019?

11 A. Yes.

12 (Physical Capabilities Checklist
13 is received and marked as *Exhibit
14 25 for identification, as of this
15 date.) (*should be 26)

16 Q. This is Exhibit 26. I really am
17 just using these because I know your leave of
18 absence ended up lasting until September,
19 correct?

20 A. Yes. After each follow-up
21 appointment I had to resubmit pretty much the
22 same A&S paperwork, just --

23 Q. With a new date on it, right?

24 A. Yeah, updating, yeah.

25 Q. And so is that the normal procedure

1 C. BEHM

2 when you're out and you extend your leave at
3 Mack?

4 A. I would assume so, yes.

5 Q. Did you do that in your other leaves
6 when you were out and needed to extend the
7 leave?

8 A. I believe this was the only one that
9 kept getting extended.

10 Q. So, in this document, if you look at
11 the very first page of Exhibit 26, do you know
12 whose signature that is down at the bottom?

13 A. Probably Bonaccorsi, it looks like.

14 Q. And down on the right-hand side near
15 the bottom, it looks like it says July 1st,
16 2019, new date.

17 A. Yes.

18 Q. So this extended your -- was this
19 extending your leave another month?

20 A. Yes.

21 (Letter dated 6/14/19 is received
22 and marked as Exhibit 27 for
23 identification, as of this date.)

24 Q. Number 27. Take a look at that and
25 let me know when you're ready.

1 C. BEHM

2 A. Okay.

3 Q. I asked you a few minutes ago if you
4 recall whether you had applied for FMLA leave on
5 this absence. Does this refresh your
6 recollection?

7 A. Yes, it does.

8 Q. And what happened with your request
9 for FMLA leave?

10 A. I was denied.

11 Q. And, again, were you denied because
12 you didn't meet the hours requirement?

13 A. Correct.

14 (Letter dated 5/13/19 is received
15 and marked as Exhibit 28 for
16 identification, as of this date.)

17 Q. Exhibit 28. Is this another
18 extension of the same leave of absence?

19 A. Yes. Dr. Bonaccorsi referred me to
20 see a neurologist.

21 Q. And looks like you had an
22 appointment with the neurologist on August 22nd.

23 A. Yes.

24 Q. And so did this extend your leave
25 through August the 22nd?

1 C. BEHM

2 A. Yes.

3 Q. And was your extension of leave
4 approved by Mack?

5 A. To an extent.

6 Q. Why do you say "to an extent"?

7 A. Because Kaitlyn called me asking me
8 to see one of their neurologists for a second
9 opinion.

10 Q. But did you get accident and
11 sickness benefits through August 22nd of 2019?

12 A. Yes.

13 (Letter dated 8/22/19 is received
14 and marked as Exhibit 29 for
15 identification, as of this date.)

16 Q. I hand you that one. It's marked
17 Exhibit 29.

18 A. Yes.

19 Q. So you indicated that -- tell me the
20 name of the doctor you are saying? Bona -- what
21 was her name?

22 A. Bonaccorsi.

23 Q. Bonaccorsi, excuse me.

24 So, Dr. Bonaccorsi referred you to a
25 neurologist?

1 C. BEHM

2 A. Well, Brent Calhoon referred me.
3 But like I stated before, Kaitlyn always wanted
4 a DO.

5 Q. She was signing the paperwork on
6 behalf of --

7 A. Yes.

8 Q. Got you.

9 And it looks like the neurologist that you
10 were referred to is a Dr. Brzozowski?

11 A. Brzozowski, yes.

12 Q. So when did you see Dr. Brzozowski?

13 A. Looks like August 22nd.

14 Q. All right. And did Dr. Brzozowski
15 extend your leave?

16 A. He wanted me to return back to him
17 on November 7th, but Mack did not like that. So
18 they sent me to their neurologist, and I was
19 back at work in September without any
20 clearances.

21 Q. So let me ask you, if you would look
22 over at the page that's marked -- let's see --
23 Mack 178.

24 A. Yes.

25 Q. Did Dr. Brzozowski complete the

1 C. BEHM

2 physical capabilities checklist for you?

3 A. No.

4 Q. Why not?

5 A. Because he's not trained to do
6 physical capabilities. He's a neurologist.

7 Q. And if you'd look over at the next
8 page, down in the middle of the page, if you
9 would look at question Number 12 -- you can see
10 that on the left-hand side?

11 A. Yes.

12 Q. Did he determine that you were
13 totally disabled and unable to work?

14 A. Yes.

15 Q. And that looks like from August 22nd
16 to the present?

17 A. Yes.

18 Q. And right below that he indicates
19 that your expected return-to-work date is
20 December 1st of 2019?

21 A. Yes.

22 Q. All right. So after you -- you just
23 indicated that Dr. -- after you saw
24 Dr. Brzozowski, that Mack instructed you to go
25 see a company doctor?

1 C. BEHM

2 A. Yes.

3 Q. How did you find out that they
4 wanted you to go see a company doctor?

5 A. Kaitlyn called me, and I remember it
6 clear as day because I was standing in the
7 store, and the conversation didn't start that
8 way. It started off as the modeling photos.
9 She asked me if I was modeling, if I was getting
10 paid, if my neurologist knew. I told her her
11 job is in human resources and not my physician.

12 And she then instructed me to see a
13 company doctor. And I stated that that wasn't
14 my physician, either.

15 And she said that I would be terminated
16 because, per all the documents at Mack, that if
17 they ask for a second opinion, I had to comply.

18 So I complied, and I went to their
19 neurologist. She said that they would pay me
20 for my time and expense. To this day I have not
21 been paid for my time and expense. And I went
22 and saw Dr. Shipkin, I believe his name was.

23 (Letter dated 8/29/19 is received
24 and marked as Exhibit 30 for
25 identification, as of this date.)

1 C. BEHM

2 Q. I'm handing you what's been marked
3 as Exhibit Number 30.

4 A. Yes.

5 Q. Take a look at that and let me know
6 when you're ready to answer questions.

7 A. Yes.

8 Q. Tell me what Exhibit 30 is.

9 A. It's a letter from Kaitlyn stating
10 that the company wants me to seek a second
11 professional opinion with Dr. Shipkin.

12 Q. And you indicated that on -- and the
13 date is August 29th of 2019; is that right?

14 A. Yes.

15 Q. And the appointment with Dr. Shipkin
16 was set up for September 5th of 2019?

17 A. Yes.

18 Q. Now, you indicated a minute ago that
19 she told you that if you didn't go to the
20 appointment, that your -- your benefits could be
21 terminated?

22 A. Yes.

23 Q. And if you look down at the bottom
24 of the first page, does she reference the
25 portion of the CBA that states that? Says:

1 C. BEHM

2 Please see Mack Benefit Agreement, Article 3,
3 section 3?

4 A. Yes.

5 Q. And so you did go to the appointment
6 with Dr. Shipkin?

7 A. Absolutely.

8 Q. What happened during that
9 appointment?

10 A. He looked in my eyes, checked my
11 reflexes, and it was a very brief examination.

12 Q. How long did the appointment last?

13 A. I don't recall.

14 Q. Did he give you any sort of opinion
15 or diagnosis at the end of that appointment?

16 A. He asked me how I was feeling that
17 day. And I said I was feeling okay. And he
18 said, Do you want to return to work? And I
19 remember telling him that I love my job, I
20 wanted to go back. And he was like, Okay.
21 Tomorrow.

22 Q. Did you dispute that with him?

23 A. I felt very uncomfortable, but what
24 was I going to say? I was scared I was going to
25 lose my job.

1 C. BEHM

2 Q. After your appointment with
3 Dr. Shipkin, did you communicate with anybody at
4 Mack?

5 A. I don't recall.

6 Q. Did you call Kaitlyn after the
7 appointment with Dr. Shipkin?

8 A. I believe I spoke to medical.

9 Q. What did you call Medical for?

10 A. They were the ones that you have to
11 have your clearances for. And they said that
12 they are waiting on my -- if I were to have
13 clearances, and that they would call me.

14 Q. So Dr. Shipkin said you could go
15 back tomorrow, which would be September the 6th;
16 is that right?

17 A. I don't remember.

18 Q. Well, your appointment was on the
19 5th. We just looked at that.

20 A. Yes.

21 Q. So he said, in that appointment, you
22 could go back tomorrow?

23 A. Yes.

24 Q. Whatever the next workday was,
25 right?

1 C. BEHM

2 A. Yes.

3 Q. Okay. Gotcha. If it was a Friday,
4 maybe it was Monday?

5 A. Yeah.

6 Q. Did you go back the next workday?

7 A. I don't think I did. I think they
8 were still waiting on clearances. It was either
9 the next day or the following day. But I
10 remember sitting in one of the cafeterias for,
11 like, two or three hours because it was -- who
12 was it? -- Rick Schmidt, he places everyone, was
13 waiting for my clearances.

14 (Dr. Shipkin letter is received
15 and marked as Exhibit 31 for
16 identification, as of this date.)

17 Q. I've handed you what has been marked
18 as Exhibit 31.

19 A. Okay.

20 Q. Have you seen these letters from
21 Dr. Shipkin before?

22 A. Once I requested my medical records
23 from Mack, I saw them. But I wasn't handed them
24 after my appointment.

25 Q. He did not send you a copy of these?

1 C. BEHM

2 A. I don't remember. I do remember
3 seeing it when I requested my medical records,
4 though.

5 Q. And according to the letter,
6 Dr. Shipkin determined that you were capable of
7 performing your job as a production tech at
8 Mack; is that correct?

9 A. Yes.

10 (A break was taken.)

11 Q. All right. Did Mack have a layoff
12 in early 2020?

13 A. Yes.

14 Q. How did you find out about that
15 layoff?

16 A. At first it was word of mouth, just
17 talk around the plant. Then it was confirmed.

18 Q. At some point in time, was there
19 like a public announcement of a layoff?

20 A. I don't remember.

21 Q. Now, at the time that the layoff
22 took place, you were working, correct? You were
23 not out on leave?

24 A. No. I was working.

25 Q. Were you told -- did Mack ever tell

1 C. BEHM

2 you why the layoff was taking place?

3 A. To my recollection, things were just
4 slowing down. They had too many employees.

5 Q. Did you receive any information from
6 Mack about how the layoff was going to take
7 place?

8 A. I don't remember.

9 (Mack Trucks FAQs is received and
10 marked as Exhibit 32 for
11 identification, as of this date.)

12 Q. I'll hand you what has been marked
13 as Exhibit 32, if you would look at that and let
14 me know when you're ready to discuss it.

15 A. Okay.

16 Q. You recognize these documents?

17 A. I don't remember them, but I
18 remember hearing about it, and I know this
19 special announcement.

20 Q. All right. Well, let's look at
21 that, first of all.

22 So the special announcement, which is page
23 Mack 363, is dated January 28 of 2020; is that
24 correct?

25 A. Yes.

1 C. BEHM

2 Q. Okay. And did you receive a copy of
3 this?

4 A. Yes.

5 Q. Now, in this document right at the
6 beginning, as it says: In our message about
7 Lehigh Valley operations upcoming rate reduction
8 and layoffs shared with you on Wednesday,
9 January 8th.

10 Do you recall the layoff information being
11 shared on January the 8th of 2020

12 A. I remember we had a meeting in the
13 one cafeteria, but I don't remember what it was
14 about.

15 Q. And then it indicated that in that
16 meeting they said the last working day for those
17 affected by the layoff would be February the
18 28th. Do you remember that?

19 A. Yes.

20 Q. And then I believe in this
21 announcement, were they changing the date of the
22 last day of work for people being laid off?

23 A. I don't remember.

24 Q. Looks like to me it changed to
25 February 21st, if you look in the third

1 C. BEHM

2 paragraph.

3 A. Okay.

4 Q. Do you recall that?

5 A. I don't remember what the actual
6 dates were for the layoff.

7 Q. All right. So if you would go back
8 to the first page of this document, page 360.
9 Question number 4 on the first page there says:
10 If I'm not laid off and I'm currently on first
11 shift, what is the chance I would be assigned to
12 the second shift?

13 Do you see that?

14 A. Yes.

15 Q. And what's the response?

16 A. During a rate change there will be
17 reduction, and based on seniority, employees may
18 be moved to other shifts.

19 Q. Did you understand that individuals
20 who remained with the company after the layoff
21 could potentially have to change shifts?

22 A. Yes.

23 Q. And is that, in fact, what happened
24 to you as a result of the layoff?

25 A. After being told I was not switching

1 C. BEHM

2 shifts, I did switch shifts.

3 Q. So who told you you were not
4 switching shifts?

5 A. Cruz.

6 Q. Who was Cruz?

7 A. My union rep.

8 Q. Did anybody from Mack tell you you
9 were not switching shifts?

10 A. Cruz told me he had a meeting with
11 Rick Schmidt who was in charge of assigning
12 everyone, and he said, Schmidtty said you're
13 staying on first.

14 Q. And did you ever have a discussion
15 with Rick Schmidt?

16 A. I tried to chase him down in the
17 plant, and he said that, Cruz already told me,
18 and that he had somewhere to be. It was a very
19 brief conversation.

20 Q. And was that after you had been
21 notified you were moving?

22 A. No, that was before. I was told up
23 until -- I was told for weeks I was staying on
24 first. And then it was a Thursday, they told
25 me -- they called me into a meeting and said,

1 C. BEHM

2 You're being placed on second. What line would
3 you want to go to?

4 Q. Who called you into a meeting?

5 A. It was Schmidt and someone else. I
6 don't remember who.

7 Q. Where did that meeting take place?

8 A. In a cafeteria.

9 Q. Just you with the two of them?

10 A. Yes.

11 Q. And in that meeting did you tell him
12 which line you wanted to be on?

13 A. I told them that I couldn't -- I
14 told them before that I couldn't work on second
15 shift. And he said, Well, you have to pick a
16 line. I said, L line.

17 Q. So why were you unable to work
18 second shift?

19 A. Due to my daycare situation with my
20 daughter.

21 Q. And what was -- how were you
22 handling daycare at that point in time?

23 A. She was in daycare.

24 Q. And so you were unable to work
25 second shift because of the daycare schedule?

1 C. BEHM

2 A. Yes.

3 Q. So you didn't have anybody to care
4 for your daughter during the night, I take it?

5 A. Correct.

6 Q. Are you aware of anybody who has
7 changed -- been able to change shift because of
8 daycare issues?

9 A. In a plant that has majority of men,
10 they don't really have the same issues as women.

11 Q. But, again, are you aware of anybody
12 who has changed shifts because of a daycare
13 issue?

14 A. Can you rephrase that?

15 Q. Are you aware of anybody -- when you
16 worked at Mack, were you aware of anybody who
17 needed to change shifts because of a day care
18 schedule, and was allowed to bump because of
19 that?

20 A. There was a girl that was in flex --
21 I can't remember her name -- I can't remember
22 her name. She was on second shift. And she was
23 going through a separation and went to first.

24 Q. Do you know what kind of -- do you
25 know what her seniority level was?

1 C. BEHM

2 A. She was hired the same date I was.

3 Q. Do you know if she bumped somebody
4 on first shift?

5 A. I don't recall.

6 Q. That was not at the time of the
7 layoff?

8 A. No. She stayed on first shift with
9 the layoff, so...

10 Q. How -- when individuals are hired on
11 the same date, how is seniority determined?

12 A. It's a really horrible way. They go
13 by the last four of your Social. So if someone
14 got a lucky Social 0001, they had higher
15 seniority than anyone. It just went by the last
16 four of your Social.

17 Q. All right. So you indicated that
18 you had the meeting on Thursday. Was that the
19 first time you learned that you were going to
20 move to second shift?

21 A. Yes. Up until that day I thought I
22 was safe on first.

23 Q. And so when did you start the
24 second-shift job?

25 A. Monday.

1 C. BEHM

2 Q. Now, after you learned you were
3 moving to second shift, did you do anything in
4 response to that change of schedule?

5 A. I went to the bathroom. I cried.
6 And when I was coming down, I saw Cruz walking
7 up to the union office. I said, Hey, what's
8 going on? I was just told I was moving to
9 second shift. He said, Well, talk to your
10 second-shift union rep.

11 Q. So this was in February of 2020?

12 A. Yes.

13 Q. Do you recall the date of that
14 meeting?

15 A. No.

16 Q. In February of 2020, did you also
17 apply for FMLA leave?

18 A. I believe I did.

19 Q. Why did you apply for FMLA leave in
20 February of 2020?

21 A. My migraines.

22 (Email dated 2/4/20 is received
23 and marked as Exhibit 33 for
24 identification, as of this date.)

25 Q. Exhibit 33.

1 C. BEHM

2 A. Okay.

3 Q. All right. If you would look over
4 the last two pages of this document, which is
5 Mack 103 and 104.

6 A. Yes.

7 Q. It indicates that you were applying
8 for leave because of your serious health
9 condition?

10 A. Yes.

11 Q. And you applied on February 4th of
12 2020?

13 A. Yes.

14 Q. So what exactly was going on with
15 you physically at that point in time that led
16 you to apply for FMLA?

17 A. For my migraines, and if I needed a
18 day off, I wouldn't get penalized.

19 Q. So what kind of FMLA leave were you
20 applying for? Let me rephrase that.

21 Were you applying for like an intermittent
22 FMLA, or did you need to be out continuous?

23 A. Not continuous, just in case one day
24 if I had a migraines flare-up, I was able to
25 call off without any repercussions.

1 C. BEHM

2 Q. And what was the result of your
3 request for leave?

4 A. I got denied.

5 Q. Why did you get denied?

6 A. Not enough hours in a 12-month
7 period.

8 Q. Did you also submit a shift-change
9 request in February 2020?

10 A. The shift-change request was when I
11 was switched to second shift.

12 Q. Right. Did you submit a shift
13 change requesting that you be moved back to
14 first shift?

15 A. Yes.

16 (Shift Change Request is received
17 and marked as Exhibit 34 for
18 identification, as of this date.)

19 Q. Look at Exhibit 34. Is that a copy
20 of the shift change that you submitted in
21 February of 2020?

22 A. Yes.

23 Q. Why did you submit a shift change
24 request?

25 A. I was unable to work second shift.

1 C. BEHM

2 Q. And what was the result of
3 this request?

4 A. It got denied.

5 Q. Who does this request go to?

6 A. HR.

7 Q. And did you communicate with anybody
8 in HR about this request?

9 A. No, I was unable to.

10 Q. Were you informed why your request
11 was denied?

12 A. To a certain extent. They didn't
13 show me any proof or anything. They said, We
14 looked into the last seniority number on first
15 shift, and they said that mine wouldn't be able
16 to bump any of them.

17 And I spoke with Kevin Fronheiser, and I
18 said, I know there's people on first shift that
19 have lower seniority than me. And he said, Give
20 me the names. And I said I didn't know their
21 exact names. I just remember working with them
22 and -- I mean, we all have an SAP number. And I
23 know people had SAP numbers higher than mine.

24 Q. Who had less seniority than you and
25 was working on first shift?

1 C. BEHM

2 A. There was that flex girl that went
3 from second shift to first shift. I can't
4 remember her name. But she didn't lose her flex
5 title or first shift.

6 And I remember a couple of weeks before I
7 got switched to second shift, I was up in the
8 union office, and they showed me the seniority
9 paper, and they said this is about where the
10 cutoff is for a layoff, and my name was right up
11 here.

12 Within a couple weeks of me stating I was
13 unable to go to second shift, that bumped up to
14 right above my name. So I feel like they almost
15 did that intentionally because they wanted me
16 gone.

17 Q. So, again, going back to the
18 individual who had moved from second shift to
19 first shift, do you know her name?

20 A. I don't recall her name.

21 Q. Do you know what her seniority
22 number was?

23 A. Not offhand, anymore. I know mine
24 because I just saw it on the paper, but...

25 Q. But I believe you indicated a few

1 C. BEHM

2 minutes ago that she was hired the same day as
3 you?

4 A. She was, yes.

5 Q. So it's possible she had higher
6 seniority than you?

7 A. If her Social was better, yeah.

8 Q. Do you know of anybody else who was
9 with less seniority than you, that was on first
10 shift after the layoff?

11 A. I didn't speak to many people.

12 Q. So did you work the second-shift
13 job?

14 A. Some days. I wasn't there long. I
15 got sick. My daughter got sick. And that's
16 when Kaitlyn and I had a meeting. They tried to
17 tell me if I missed any more days, I was going
18 to get fired.

19 Q. And when you say you had a meeting,
20 are you referring to the attendance policy
21 violation?

22 A. Yes.

23 Q. So you received that attendance
24 warning, I believe, on March the 3rd of 2020?

25 A. Yes, I did.

1 C. BEHM

2 Q. I'm going to refer back to Exhibit
3 Number 9, which you're welcome to look at if you
4 want to. But it appears to me that you started
5 the job, the second-shift job on February the
6 17th of 2020.

7 A. What did you say, February the 17th?

8 Q. February the 17th of 2020, according
9 to the -- Mack's records --

10 A. Yes.

11 Q. -- does that look correct?

12 So on March the 3rd, which would have been
13 approximately two weeks later, you received an
14 attendance violation?

15 A. Yes.

16 Q. Or an attendance warning, excuse me.
17 What did you do after you got that --
18 well, I'm sorry, let me back up for a second.

19 You indicated that at that meeting they
20 told you you couldn't miss any more days?

21 A. Yes.

22 Q. What did you do after that meeting?

23 A. I got all of my paperwork together
24 and gave it to my second-shift union rep,
25 stating all of my subpoenas and court orders and

1 C. BEHM

2 doctor's notes.

3 Q. Now, you indicated that you missed
4 some days because you were sick and your
5 daughter was sick.

6 A. Yes.

7 Q. But you also -- that was when you
8 indicated that you missed some days because of
9 court appointments?

10 A. Yes.

11 Q. So you discussed that with your
12 second-shift union rep. Did you discuss that
13 with Kaitlyn?

14 A. Yes.

15 Q. What was Kaitlyn's response when you
16 discussed that?

17 A. She was asking me about my medical
18 health, and I told her that I thought that was a
19 HIPAA violation; that she had a doctor's note,
20 she didn't need to know anything beyond that.
21 And she went on to say, Well, did you have the
22 flu? And I said again, there's my doctor's
23 note. You don't have to ask me any more
24 questions.

25 Q. Did you then apply for A&S benefits?

1 C. BEHM

2 A. Afterwards, yes.

3 Q. Why did you apply for A&S benefits?

4 A. I felt targeted. My anxiety, PTSD,
5 my migraines, everything just spiraled out of
6 control. I was trying so hard to do my job and
7 come into second shift. I mean, I was losing
8 daycare and begging friends and family every
9 night to watch my daughter the next day, and
10 life just got the best of me.

11 (Benefit Claim Form is received
12 and marked as Exhibit 35 for
13 identification, as of this date.)

14 Q. Exhibit 35. If you would take a
15 moment and look that over.

16 A. I remember this.

17 Q. What is this document?

18 A. Me requesting for A&S.

19 Q. And, again, if you look at that
20 first page halfway down, is that your signature?

21 A. Yes.

22 Q. And this is dated March 5th of 2020.

23 A. Yes.

24 Q. Now, right above that, it appears to
25 say that on March the 4th, you left work early.

1 C. BEHM

2 Is that what that indicates?

3 A. Yes.

4 Q. Why did you leave early on the 4th?

5 A. I had a panic attack.

6 Q. Did something that happened at work
7 trigger the panic attack?

8 A. Yes. Kaitlyn told me I was going to
9 lose my job if I missed any more days.

10 Q. Down at the bottom of the page you
11 wrote in some, I guess, additional comments.

12 A. Yes.

13 Q. So correct me if I'm wrong, this
14 says: Never cleared to return to work. Hostile
15 work environment, harassment, discrimination,
16 sexism, targeting, HIPAA violations,
17 victimization, unfair treatment, emotional
18 distress -- and emotional distress causing
19 increase in anxiety and migraines. Correct?

20 A. Yes.

21 Q. Okay. Tell me about that. Tell me
22 what was going on that caused all of those
23 issues.

24 A. It's funny that you bring this paper
25 up because Kaitlyn denied this paper. This was

1 C. BEHM

2 the one that was denied because I wrote that.

3 Q. Well, tell me what you meant by
4 that.

5 A. Every single word that it said. I
6 was never cleared to work. Dr. Shipkin was not
7 my attending physician, so what gave him
8 priority over my actual neurologist that was
9 monitoring me? Instead of me just going to any
10 doctor like Dr. Shipkin. I don't know him. He
11 didn't know any of my history, background,
12 nothing. And I felt like I was being targeted
13 from mainly Kaitlyn, and like I said with your
14 last question, my life got the best of me with
15 the emotional distress, and me trying so hard to
16 do my job right, and be able to do the second
17 shift like they wanted me to do. When I signed
18 onto Mack, I was able to do both shifts. Life
19 happens to everyone. And when I got moved to
20 second shift, I just wasn't able. And it became
21 a very hostile work environment.

22 Q. When was your daughter born?

23 A. She was born May 2nd of 2017.

24 Q. So the year -- she was less than a
25 year old what you started work at Mack?

1 C. BEHM

2 A. Yes.

3 Q. How were you taking care of -- how
4 did you have the ability to work second shift
5 then?

6 A. Because I had my husband --
7 soon-to-be husband at the time.

8 Q. He was not working at Mack at that
9 time?

10 A. No, he was, but I was working first
11 shift, he was working second shift, so we would
12 swap her in the parking lot.

13 Q. So you said that Kaitlyn denied
14 this request. Did she tell you why this request
15 got denied?

16 A. Yes.

17 Q. Why?

18 A. She said it was denied because it
19 was -- I can't claim migraines from a previous
20 A&S. So since I was already cleared to return
21 back to work in September, supposedly, that I
22 couldn't claim the same thing. So I went
23 back -- she actually told me -- because layoff
24 was happening, because of COVID, she told me
25 that everyone was applying for unemployment

1 C. BEHM

2 compensation and -- because since I was denied
3 for A&S, she said, apply for unemployment. And
4 I said that would be me lying on government
5 forms, because in the questions it states, Are
6 you available and able to work? That would be
7 me lying, applying for unemployment compensation
8 because I wasn't able to work. My migraines, my
9 anxiety, everything. So I resubmitted the
10 paperwork and, surely enough, she finally
11 approved it.

12 (Mack letter dated 3/19/20 is
13 received and marked as Exhibit 36
14 for identification, as of this
15 date.)

16 Q. Take a look at what has been marked
17 as Exhibit 36. Is that the denial letter that
18 you got --

19 A. Yes.

20 Q. -- regarding your A&S benefit
21 application in March of 2020?

22 A. Yes.

23 (One-page document is received
24 and marked as Plaintiff Exhibit 37
25 for identification, as of this

1 C. BEHM

2 date.)

3 Q. Thirty-seven. So you indicated a
4 minute ago that you resubmitted your application
5 for A&S benefits.

6 A. Yes.

7 Q. Is this the document that you
8 resubmitted to Mack to receive A&S benefits?

9 A. Yes.

10 Q. And once you resubmitted this
11 information, your request got approved?

12 A. Yes.

13 (Email dated 4/7/20 is received
14 and marked as Exhibit 38 for
15 identification, as of this date.)

16 Q. Look at Exhibit 38.

17 A. Okay.

18 Q. Is that an email that you received
19 from Kaitlyn O'Neill?

20 A. Yes.

21 Q. In that email does she confirm that
22 you were going to receive A&S benefits?

23 A. Yes.

24 Q. Now, when you got the A&S
25 benefits -- and what's the date of that email?

1 C. BEHM

2 A. There's a couple of dates.

3 Q. What's the date that Kaitlyn told
4 you you were being approved for A&S?

5 A. April 7th.

6 Q. When you received the A&S benefits,
7 did they -- were they retroactive to the start
8 of the leave?

9 A. I believe so, yes.

10 Q. Is there a waiting period that you
11 have to go through before the benefits kick in?

12 A. I believe it's eight working days.

13 Q. And is that pursuant to the terms of
14 the CBA?

15 A. Yes.

16 (A&S letter is received and
17 marked as Exhibit 39 for
18 identification, as of this date.)

19 Q. If you look at Exhibit 39. And,
20 again, just like previous, did you end up
21 extending this A&S leave?

22 A. Yes. Yes.

23 Q. So did you go back to see
24 Dr. Brzozowski in 2020?

25 A. Yes.

1 C. BEHM

2 Q. If you look at the page that's
3 marked 144 --

4 A. Yes.

5 Q. -- down in the middle of the page,
6 he indicates that your expected return-to-work
7 date is January 2nd of 2021; is that correct?

8 A. Where do you see that?

9 Q. I think it's question 14. It's hard
10 to see.

11 A. Yes.

12 Q. It's right above 15.

13 A. Yes.

14 Q. And then if you flip over to 147,
15 were you able to work, at all, at this time?

16 A. No.

17 Q. And how long did he indicate you
18 were going to be out of work?

19 A. Says: Estimated length of
20 disability, three to six months or longer.

21 Q. And he indicates: Patient not able
22 to perform any of activities without
23 exacerbating her condition.

24 A. Correct.

25 (Tower Health Medical Group

1 C. BEHM

2 letter is received and marked as
3 Exhibit 40 for identification, as of
4 this date.)

5 (Tower Health Medical Group
6 letter is received and marked as
7 Exhibit 41 for identification, as of
8 this date.)

9 Q. Let's look at Exhibit 41 first.

10 A. Okay.

11 Q. So, again, I just want to look at
12 the dates. The first -- if you look at the
13 first page, Mack 141, it looks like
14 Dr. Brzozowski extended your leave through
15 October 19th of 2020.

16 A. Yes.

17 Q. And if you look at 140, the next
18 page, he extends it through 11/17 of 2020.

19 A. Yes.

20 Q. And then the next page he extends it
21 through 2/1 of '21.

22 A. Yes.

23 Q. And then if you look at Exhibit 40,
24 because I did them out of order, after you saw
25 Dr. Brzozowski in the beginning of February of

1 C. BEHM

2 2021, did he release you to return to work?

3 A. In 2021?

4 Q. Yes.

5 A. Yes.

6 Q. All right. And he released you to
7 return to work February 16th of '21?

8 A. Yes.

9 Q. Did you return to work?

10 A. No.

11 Q. Why not?

12 A. I quit.

13 Q. Why did you quit?

14 A. I was fearful for retaliation.

15 Q. Why were you fearful for
16 retaliation?

17 A. Because that was happening the whole
18 time of my employment, so I wanted to leave and
19 work for a different company. And that's when I
20 sought employment at Amcor.

21 Q. Did you apply for the Amcor job
22 before February 16th?

23 A. It was about the same time. I knew
24 I was returning back to work, and I started
25 getting anxious and knew that that wouldn't be

1 C. BEHM

2 beneficial to my health.

3 Q. Did you have a job offer from Amcor
4 before you resigned from Mack?

5 A. I believe I did.

6 Q. All right. So you said you had been
7 subject to retaliation throughout your
8 employment. Tell me what kind of retaliation
9 you had suffered.

10 A. As far as my migraines, being a
11 woman. I would also have to say, with my court
12 hearings, I know Kaitlyn wasn't fond of me, and
13 they knew I had a shoulder injury, and placed me
14 on fuel tanks with someone who was going out
15 because he had a shoulder injury in that same
16 area. When they placed me on second shift, they
17 again knew about my shoulder injury and still
18 had me hauling, pulling cabs onto the line
19 where, normally, a full-grown man was. And they
20 had me really pushing my health to the limits,
21 and they knew exactly what they were doing.

22 Q. All right. So let's talk about your
23 shoulder injury. Your shoulder injury was in
24 2018, right?

25 A. My shoulder injury was initially in

1 C. BEHM

2 2013.

3 Q. And you started work at Mack in
4 January of 2018?

5 A. Yes.

6 Q. And then in August of 2018, you
7 reinjured your shoulder?

8 A. Yes.

9 Q. And you remained out of work, I
10 believe, through November of 2018?

11 A. Yes.

12 Q. And at that point in time, were you
13 cleared to return to work without restrictions?

14 A. Yes.

15 Q. Did you ever injure your shoulder
16 again?

17 A. Yes. I just had surgery on it in
18 November.

19 Q. Did that happen while you were at
20 Mack?

21 A. My shoulder?

22 Q. Yeah, you just said you reinjured
23 your shoulder. You just had surgery. Did that
24 happen at Mack?

25 A. No.

1 C. BEHM

2 Q. So during the rest of your
3 employment at Mack, from November of '18, when
4 you returned to work, through your resignation,
5 did you have any shoulder issues?

6 A. It would hurt here and there.

7 Q. Did you ever go to the medical
8 department?

9 A. No, I thought Dr. Muto was a
10 veterinarian.

11 Q. Did you ever file a Workers' Comp
12 claim?

13 A. No. It would always get denied.

14 Q. Did you ever file a Workers' Comp
15 claim for your shoulder?

16 A. Not for my shoulder, no.

17 Q. You said you were retaliated against
18 because of your court hearing; is that what you
19 said?

20 A. Yes.

21 Q. How exactly were you retaliated
22 against because of court hearings?

23 A. Kaitlyn would tell me that I was
24 going to lose my job if I missed any more days.
25 So it was, do I lose my job or get arrested for

1 C. BEHM

2 not appearing by court order?

3 Q. And you were going to -- when you
4 had that discussion with Kaitlyn, you were
5 talking about your violation of the attendance
6 policy, right?

7 A. Yes.

8 Q. And that was on March the 3rd, I
9 believe, of 2020?

10 A. I believe so.

11 Q. I believe it's Exhibit 16.

12 A. Yes.

13 Q. Is there any other reason you
14 decided to resign from employment at Mack?

15 A. I thought that I was going to get a
16 lot of backlash for reporting one of my union
17 brothers for harassment.

18 Q. Who did you report for harassment?

19 A. I reported Cruz for sexually
20 harassing me.

21 Q. What is Cruz's last name?

22 A. Rivera.

23 Q. And you mentioned Cruz earlier.
24 When was Cruz your union rep?

25 A. He was my union rep from

1 C. BEHM

2 December 2019 to the date that I went to second
3 shift.

4 Q. So that would be February 17th, I
5 believe we looked at, of 2020?

6 A. Yes.

7 Q. So for approximately three months?

8 A. That sounds about right.

9 Q. And tell me what happened with Cruz.

10 A. I was moved from Mack in Motion to
11 fuel tanks. And I knew I had upcoming court
12 hearings. So I went to -- I believe the
13 supervisor of fuel tanks was Mackenzie. And I
14 said, Hey, I have some court hearings coming up.
15 Who is the union rep over here? I need to talk
16 to him.

17 He told me it was Cruz. I said, Okay, can
18 you let him know I need to talk to him and give
19 him the subpoenas?

20 And within a couple of hours he came back.
21 He gave me a piece of paper, a Post-it with
22 Cruz's number. He said, Cruz said he's in
23 meetings all day. Just contact him. And that's
24 how Cruz got my phone number.

25 I texted him along the lines, Hey, my name

1 C. BEHM

2 is Colleen Behm. I work fuel tanks. I need to
3 talk to you about some court hearings I have.

4 And he said, Okay, I'll come talk to you
5 tomorrow.

6 And after that, it was texting me
7 constantly about, Oh, you look nice today. It's
8 not every day we see a pretty woman walking
9 around Mack. Next day, walk by me, Oh, you
10 smell good today. It even came to a point, he
11 was at a bar and said -- texted me saying, Oh,
12 I'm at the bar with some Mack old-timers, and
13 you should really be here. You would get a kick
14 out of it.

15 And I would tell him, Listen, I'm with my
16 kids. Stop texting me.

17 At one point it was a Friday evening, my
18 mom and my sister were over, and we were talking
19 about him, and I remember saying, Speak of the
20 devil. And he was messaging me again.

21 I kept telling him, Keep it professional.

22 He would text me, Are you sure?

23 Yes. Please keep it professional.

24 It was just nonstop, no matter how many
25 times I told him just keep it at this, I have

1 C. BEHM

2 enough going on in my life with the court
3 hearings, trying to raise my kids. I don't need
4 this extra stress. Please stop.

5 At one point he actually called me on my
6 way to work, and he was, like, Oh, I was drunk,
7 I'm sorry. Do you forgive me?

8 I was like, Listen, just drop it, let it
9 go. Not even an hour later, walking past me and
10 there was a text message, Oh, you look nice
11 today.

12 I just told you two hours ago, keep it
13 professional. He didn't ever get the hint.
14 Just leave me alone.

15 Q. So he made comments to you --

16 A. All the time.

17 Q. -- about your appearance. He sent
18 you text messages.

19 A. Uh-huh.

20 Q. How many times did you get text
21 messages from him?

22 A. How often or how many?

23 Q. How many times did you get text
24 messages?

25 A. Over a course of three months, at

1 C. BEHM

2 least 10 a week.

3 Q. And were all of those text messages
4 related to your appearance, or were all of those
5 text messages, from your perspective, harassing?

6 A. Absolutely. I would ask him about
7 me going to -- being concerned about having to
8 go to second shift. And, Don't worry about it,
9 honey, I'm taking care of it. Always along the
10 lines of flirtatious.

11 Q. Do you still have those text
12 messages?

13 A. No, I got a new phone.

14 Q. Did you keep any of those text
15 messages?

16 A. No, I gave them my phone. I didn't
17 ask for, like, photos or anything to be switched
18 over.

19 Q. When did you get a new phone?

20 A. I got a new phone, I would say,
21 April or -- April, May of 2020.

22 Q. So while you were still employed
23 with Mack?

24 A. Yes.

25 Q. That would have been while you were

1 C. BEHM

2 out on A&S?

3 A. Yes.

4 Q. All right. So you had all of these
5 messages from Cruz. Did you make a complaint
6 about Cruz?

7 A. I spoke to an employee, Derrick
8 Jones. I said -- we would talk on the phone.
9 He lives in the same area that I do. And I
10 confided in him, and I told him Cruz was coming
11 on to me, and I said, You know he's married. I
12 really don't want to stir up drama for him. I
13 just want him to stop.

14 And he said, Well, just tell him to stop.

15 I would tell Cruz to stop all the time.
16 And, eventually, it just got out of hand, and I
17 just couldn't deal with it anymore.

18 And I told Kevin Fronheiser about it. I
19 still have those text messages. That was about
20 the time that I decided I was going to report
21 it, and -- because I didn't -- I felt like since
22 I didn't -- what's the word -- give in to his
23 advancements, that I was penalized, and he
24 didn't fight for me to stay on first shift like
25 he promised.

1 C. BEHM

2 Q. You mentioned Derrick Jones. What
3 position was he in?

4 A. He was also a flex.

5 Q. Was he a union rep?

6 A. No. Just a worker.

7 Q. When did you go to Kevin Fronheiser
8 and complain about Cruz?

9 A. I believe it was the day that I was
10 told I was going to second shift, and Cruz told
11 me to talk to my second-shift union rep. And I
12 reached out to Kevin, and I said, I feel like
13 I'm being punished because I didn't give into
14 his advancements, and he didn't fight for me.

15 Q. And did you have any further
16 discussion with Kevin about that?

17 A. Yeah. He said, Why didn't you come
18 to me sooner? And I told him, I didn't -- along
19 the lines I didn't want to deal with the drama.
20 I thought Cruz was taking care of me as a union
21 rep, and I didn't really have any concerns. It
22 just kind of spiraled.

23 Q. Outside of reporting it to Kevin,
24 did you report it to anybody else at the
25 company?

1 C. BEHM

2 A. I spoke about it to other employees,
3 Derrick and Kenny Virgil. I don't know if Kenny
4 is still there.

5 Q. Did you ever go to human resources?

6 A. I was unable to.

7 Q. Did you ever go to a member of
8 management?

9 A. I went to Kevin who was the chairman
10 of the union.

11 Q. Did you ever go to a member of Mack
12 management?

13 A. There was no point. You have to go
14 through your union to get to human resources.
15 Even a manager or supervisor would tell you,
16 Contact your union rep. How do I go through my
17 union rep if he's the one.

18 Q. Did Kevin ever call you into any
19 meeting with human resources?

20 A. No.

21 Q. Do you have any idea if Kevin ever
22 went to human resources?

23 A. I have no idea.

24 (Email dated 4/8/21 is received
25 and marked as Exhibit 42 for

1 C. BEHM

2 identification, as of this date.)

3 Q. I'm going to hand you what's been
4 marked as Exhibit 42. That appears to be your
5 email to Kaitlyn, resigning from employment; is
6 that correct?

7 A. Yes.

8 Q. What was the date of your
9 resignation?

10 A. February 8, 2021.

11 Q. And you said your last day of
12 employment will be the 15th, correct,
13 February 15th?

14 A. Yes.

15 Q. I want to go back for just a second.
16 You mentioned the retaliation. You mentioned
17 the issue with Cruz that -- and I believe --
18 correct me if I'm wrong -- but I believe what
19 you said was you were concerned that there would
20 be retaliation against you because you had gone
21 to Kevin about Cruz?

22 A. Correct.

23 Q. Any other reason that you resigned
24 from employment?

25 A. I was scared of Kaitlyn.

1 C. BEHM

2 Q. Why were you scared of Kaitlyn?

3 A. She had a lot of leverage on my job
4 at Mack. Where I would go, what shift I would
5 be on, disciplinary action, everything. All of
6 my paperwork went through Kaitlyn.

7 Q. Are there any other reasons that you
8 resigned?

9 A. I love my job. Kaitlyn and Cruz
10 were the reason I resigned.

11 Q. Other than that -- those are the
12 reasons you resigned -- there are no other
13 reasons?

14 A. I love my job.

15 Q. Did you ever have a discussion --
16 back up. Let me rephrase that.

17 When you were released to return to work
18 in February of 2021, if you had returned to
19 work, do you know what shift you would have been
20 on?

21 A. I don't know.

22 Q. Did you still have the same
23 child-care issues that you had in 2020?

24 A. Yes.

25 Q. Did you ever ask what shift you

1 C. BEHM

2 would get back on?

3 A. No.

4 Q. Did you ever ask what position you
5 would get back into?

6 A. No.

7 Q. Did you resign from employment
8 because you didn't want to go back to a
9 second-shift job?

10 A. No. I went to Amcor. That was
11 7 p.m. to 7 a.m. I resigned specifically
12 because of Cruz and Kaitlyn. Like I stated, I
13 loved my job.

14 Q. Because you were scared of Kaitlyn?

15 A. Yes, wholeheartedly.

16 Q. Kaitlyn wrote you up for
17 disciplinary reasons?

18 A. Yes.

19 Q. Did Kaitlyn ever do anything else to
20 you besides write you up for disciplinary
21 reasons?

22 A. I take that as, in other words, my
23 manhood -- my womanhood. She dangled that on a
24 string.

25 Q. What do you mean by that?

1 C. BEHM

2 A. My subpoenas, everything. She --
3 she held my job in front of my face and said, If
4 you miss any more days, that's it, you're gone.

5 Q. And, again, was she enforcing the
6 attendance policy when she did that?

7 A. Absolutely.

8 Q. And she is in human resources,
9 correct?

10 A. Yes.

11 (Screenshots is received and
12 marked as Exhibit 43 for
13 identification, as of this date.)

14 Q. I wanted to talk about Exhibit
15 Number 43. You mentioned a few minutes ago your
16 text messages with Kevin Fronheiser?

17 A. Yes.

18 Q. Is that what these are?

19 A. Yes.

20 Q. These were produced to us in
21 discovery. You'll see down at the bottom they
22 are Bates labeled Plaintiff 424 through, I
23 believe, 436 is the last page.

24 A. Okay.

25 Q. So these -- these are text messages.

1 C. BEHM

2 Did these come off of your phone?

3 A. Yes.

4 Q. And you said you saved these text
5 messages on your phone. Do you have them saved
6 on your new phone?

7 A. No.

8 Q. So when did you print these off of
9 your phone?

10 A. I was on second shift, and I
11 remember screenshotting them while sitting in a
12 sleeper cab.

13 Q. Why did you save copies of these
14 text messages?

15 A. Because I knew it was -- everything
16 was spiraling out of control, and this was the
17 last thing that I had. Because once Cruz told
18 me he was no longer my union rep, I mean, I
19 didn't save his phone number or anything. I was
20 kind of, like, well, that's that.

21 Q. So you took screenshots of these
22 text messages --

23 A. Uh-huh.

24 Q. -- in February of 2020?

25 A. Uh-huh.

1 C. BEHM

2 Q. Is that right?

3 A. Uh-huh.

4 Q. At that point in time, did you still
5 have the old phone?

6 A. I did.

7 Q. So why didn't you take screenshots
8 of the messages from Cruz?

9 A. Because when he told me he was no
10 longer my union rep, I discarded our
11 conversation. I was done with him. I wasn't
12 going to have to deal with him anymore.

13 Q. If you flip over to the second page
14 of this -- well, let me ask you, first of all.
15 On the first page, that last text --

16 MR. MC COY: Graham, I assume
17 these are the only copies. These
18 are cut off, it looks like, at the
19 bottom of the page. I'm assuming
20 this is all you got.

21 MR. BAIRD: This is all we have.

22 MR. MC COY: All right. I got
23 you.

24 Q. So, Ms. Behm, you don't have another
25 copy of these at home, do you?

1 C. BEHM

2 A. No, I don't.

3 Q. At the bottom of the first page, and
4 that last text, you say: I know people
5 have less seniority than me on first, and I
6 cannot do second shift.

7 A. Correct.

8 Q. I've asked you earlier whether you
9 can specifically name anybody on first shift who
10 had less seniority than you, and you indicated
11 you didn't know the names.

12 A. Correct.

13 Q. Have you thought of anybody since I
14 asked you that question earlier?

15 A. No. These text messages are from
16 two, 2 1/2 years ago.

17 Q. And you did not identify anybody
18 specifically in this text message, did you?

19 A. No.

20 Q. Moving on to the second page.
21 Again, down at the very bottom, it looks like
22 Kevin is asking you: Why haven't you reached
23 out to me?

24 You said: I have been in contact with
25 Cruz, but all he says is to be patient.

1 C. BEHM

2 So are you mad at me? Kevin asks.

3 And what was your response to him?

4 A. I have text messages from him making
5 heavy moves towards me a couple of months ago,
6 that I feel since I didn't entertain his
7 advances, that he didn't -- and it's cut off.

8 Q. I believe it says: He didn't want
9 to do shit to help me; is that right? I believe
10 that's what that says.

11 A. Probably. Yes.

12 Q. So you indicated a few minutes ago
13 that you reported Cruz to Kevin Fronheiser for
14 harassing you.

15 A. Yes.

16 Q. Is this your report of harassment to
17 Kevin Fronheiser?

18 A. Yes.

19 Q. Outside of that text message, did
20 you make any other report to Kevin Fronheiser?

21 A. No.

22 Q. All right. If you would flip over
23 to the page that says Plaintiff's 428 on the
24 bottom. The first text at the top is: Yes,
25 1250?

1 C. BEHM

2 A. Yes.

3 Q. It appears to me that in this series
4 of text messages, you're talking about the
5 points that we talked about a few minutes ago,
6 where Kaitlyn had written you up for an
7 attendance violation.

8 A. Yes.

9 Q. So does that -- you know, you say:
10 HR wants to have a meeting with me on Monday.
11 At the very top. You see that?

12 A. Yes.

13 Q. And that meeting we have already
14 established that took place on March the 3rd of
15 2020.

16 A. Yes.

17 Q. And you say in here: They are
18 saying I have seven when I have five because of
19 court, me being sick, and then Jana being sick.

20 A. Yes.

21 Q. Only once I called off because I had
22 to figure out daycare because I was going to
23 second.

24 A. Yes.

25 Q. And then you say: So fuck HR.

1 C. BEHM

2 A. Yes.

3 Q. Is that right?

4 A. Yes.

5 Q. And then if you flip on over, the
6 last few pages of this document appear to be
7 copies of your court records?

8 A. Yes.

9 Q. And why were you sending these to
10 Kevin?

11 A. So he had them, also.

12 Q. And these were for prior court
13 proceedings?

14 A. Yes, that I had points for.

15 Q. And do you know if Kaitlyn ended up
16 removing points from your record because of the
17 documents you produced?

18 A. She didn't remove them.

19 Q. Ms. Behm, did you file a charge of
20 discrimination against Mack Trucks?

21 A. You'd have to ask Graham. He
22 handles the legal stuff.

23 Q. Okay. Well, unfortunately, I don't
24 get to question Graham. So...

25 (Charge of Discrimination is

1 C. BEHM

2 received and marked as Exhibit 44
3 for identification, as of this
4 date.)

5 Q. Ms. Behm, does this refresh your
6 recollection as to whether you filed a charge of
7 discrimination against Mack?

8 A. Yes.

9 Q. And if you look over -- or I guess
10 look at the bottom of the first page, what date
11 did you file this?

12 A. July 22nd, 2020.

13 Q. And on that date, you were still
14 employed by Mack, weren't you?

15 A. Yes.

16 Q. Why did you file a charge while you
17 were still employed?

18 A. Can you rephrase that?

19 Q. You testified you were still
20 employed by Mack on July 22nd of 2020.

21 A. Yes.

22 Q. So why, while you were still
23 employed by my client, did you file a charge of
24 discrimination?

25 A. Yes.

1 C. BEHM

2 Q. Why?

3 A. Because it was what I needed to do.

4 Q. What, at that point in time -- okay,
5 so in July of 2020, you were out on A&S?

6 A. Yes.

7 Q. What, at that point in time, caused
8 you to file a charge?

9 A. Well, Kaitlyn denied my A&S because
10 she didn't like what I put at the bottom. So I
11 had to resubmit the paperwork. She tried
12 getting me to lie on unemployment paperwork, and
13 it took me some time to find Graham, and that
14 was the date that I was able to file.

15 Q. Let me ask you a couple of things in
16 the charge. On the first page, if you look down
17 in kind of in the text section, the third
18 sentence says: When she returned to work in
19 January of 2019, Ms. Behm started being targeted
20 by superiors that began writing her up
21 for unwarranted reasons.

22 A. Yes.

23 Q. What are you referring to there?

24 A. Them stating I was leaving my work
25 area when I'm not tied to a work area, I'm tied

1 C. BEHM

2 to a line. And I stayed on the line.

3 Q. Anything else that you were written
4 up for that you felt was unwarranted?

5 A. Other than those two write-ups?

6 Q. Yes.

7 A. Not that I recall.

8 Q. If you would look over at the next
9 page.

10 A. Yes.

11 Q. The second paragraph, down towards
12 the bottom of that second paragraph, there's a
13 sentence that states: After her return from
14 medical leave, Ms. Behm was placed on second
15 shift with only one-day's notice?

16 A. Correct.

17 Q. You see that? Is that accurate?

18 A. Yes, they told me on a Thursday. I
19 called off Friday. And Monday I was on second
20 shift.

21 (Dismissal Notice is received and
22 marked as Exhibit 45 for
23 identification, as of this date.)

24 Q. Ms. Behm, you've been handed what
25 has been marked as 45, which is the dismissal

1 C. BEHM

2 notice. Did you receive this from the Equal
3 Employment Opportunity Commission?

4 A. Yes.

5 Q. Do you know when you received this
6 document from the EEOC?

7 A. Shortly after the date issued.

8 Q. It was issued March 11th of 2021; is
9 that right?

10 A. Yes.

11 (Civil Action Complaint is
12 received and marked as Exhibit 46
13 for identification, as of this
14 date.)

15 Q. All right. Ms. Behm, I've handed
16 what has been marked as Exhibit 46, which is a
17 copy of the amended complaint that was filed in
18 the lawsuit that you filed against Mack and the
19 local UAW. And I realize this is a document
20 that was drafted by your lawyer, okay, so,
21 again, I don't get to ask him questions today,
22 unfortunately.

23 All right, so I have a few -- just a
24 couple of questions related to the factual
25 allegations in your lawsuit. I'm going to ask

1 C. BEHM

2 you to flip over -- if you look at the top of
3 the page, it's page 5 of 12.

4 A. Okay.

5 Q. If you look to paragraph number 38.

6 Do you see that? Says: As a result of defendant's
7 retaliatory behavior and unwillingness to engage in
8 accommodating plaintiff's disability, she resigned
9 on or about February 15th of 2021. Correct?

10 A. Yes.

11 Q. So how did Mack fail to accommodate
12 your disability?

13 A. When I was seeing Dr. Brzozowski, my
14 neurologist, he said it's extremely unhealthy
15 for people with concussions, multiple
16 concussions, post-concussions disorder, which I
17 had, all along. That it's healthy to have a
18 first shift because normal bodies wake up at the
19 same time every day, have the same schedule, and
20 for my brain health, first shift is ideal, not
21 second shift, not third -- especially not third
22 shift. And that was his medical recommendation.

23 Q. Okay. What is the policy at Mack
24 for accommodating disabilities?

25 A. That, I don't know. Normally, as

1 C. BEHM

2 far as placement goes for medical, they try to
3 place you where you're able to work. They do
4 try to accommodate that. When I came back from
5 my shoulder injury, they accommodated and put me
6 on something that was light work. When you have
7 a medical diagnosis, they try.

8 Q. So when you are referencing working
9 first shift, are you referencing in the
10 February 2020 time frame when you were moved
11 from first shift to second shift?

12 A. Narrow that a little bit.

13 Q. I'm sorry. Let me try again.

14 You said that Dr. Brzozowski indicated
15 moving shifts was problematic.

16 A. Yes.

17 Q. And so in February of 2020 is was
18 when you were required to move shifts as a part
19 of the layoff?

20 A. Yes.

21 Q. So is that the time frame you're
22 talking about where you needed an accommodation?

23 A. I would say "yes."

24 Q. All right. How did you notify Mack
25 that you needed an accommodation then?

1 C. BEHM

2 A. Cruz knew.

3 Q. All right. Let me ask again. Did
4 you notify anybody in HR at Mack that you needed
5 an accommodation?

6 A. I wasn't able to, unless I went
7 through my union rep.

8 Q. Did you notify anybody in the
9 dispensary in February of 2020, that you needed
10 an accommodation?

11 A. I wasn't able to go through anything
12 without my union rep to have a witness.

13 Q. Did you notify anybody other than
14 Cruz that you needed an accommodation in
15 February of 2020?

16 A. Kevin Fronheiser knew that in
17 regards to everything as a whole.

18 Q. Did you present them with any
19 medical documentation from Dr. Brzozowski?

20 A. They never asked.

21 Q. Did you have -- do you have any
22 medical documentation from Dr. Brzozowski saying
23 you needed to be on first shift?

24 A. No.

25 Q. So you told Cruz and you told Kevin

1 C. BEHM

2 Fronheiser that you needed to be on first shift
3 for medical reasons?

4 A. It was a couple of reasons, not just
5 medical.

6 Q. And how did you tell Kevin that?

7 A. I would see Kevin all the time on
8 the floor.

9 Q. Did you say that in any of those
10 text messages to Kevin?

11 A. Not in the text messages.

12 Q. And how did you tell Cruz that?

13 A. Probably person-to-person.

14 Q. Did you tell anybody in management
15 at Mack that you needed an accommodation for
16 medical -- that you needed to be on first shift
17 for medical reasons?

18 A. Anytime you go to a supervisor
19 there, they say, Go to your union rep.

20 Q. Did you go to a supervisor to tell
21 them that at any point in time?

22 A. There's no point.

23 Q. So that's a no?

24 A. That's a no.

25 Q. All right. So down at the bottom of

1 C. BEHM

2 page 5, there are -- you assert several claims
3 against my client. The first one is a claim
4 under the Americans with Disabilities Act. I
5 just talked to you about your need for
6 accommodation.

7 At any other point during your employment at
8 Mack, did you request an accommodation from my
9 client?

10 A. No.

11 Q. So you alleged that my client has
12 discriminated against you because you have a
13 disability. What is your disability?

14 A. My migraines.

15 Q. Anything else other than migraines?

16 A. PTSD, anxiety, depression.

17 Q. When were you diagnosed with those
18 conditions?

19 A. Ultimately, or like first diagnosis?

20 Q. Yes.

21 A. I was first placed on depression
22 medication a month before my daughter was born.

23 Q. So that would have been sometime in
24 2017?

25 A. Yes.

1 C. BEHM

2 Q. Early 2017?

3 A. I believe it was March of 2017,
4 about a month and a half.

5 Q. Now, did you make Mack aware of that
6 condition at any point in time?

7 A. I don't think.

8 Q. So did Mack have any knowledge that
9 you had depression?

10 A. We had to give them a list of our
11 prescriptions when we were hired, so if they
12 have that, then that would be in my medical
13 records.

14 Q. Did you ever ask Mack to accommodate
15 your depression in any way?

16 A. No, I didn't want to be
17 discriminated against.

18 Q. So you just -- you didn't want to
19 tell them because you thought you would be
20 discriminated against if you did?

21 A. Yes. I was scared of Kaitlyn.

22 Q. I believe you first were diagnosed
23 with a concussion in May of 2019?

24 A. Yes.

25 Q. And when you were diagnosed with

1 C. BEHM

2 that concussion, you requested A&S?

3 A. Workmen's Comp at first. And then I
4 got my second concussion, and Mack thought that
5 they couldn't distribute [sic] which concussion
6 was worse, so they blamed it just on the
7 assault. So that's why Workmen's Comp and
8 everything -- with me getting denied from not
9 going to their hospital and then not knowing
10 which concussion was worse.

11 Q. So my question was, you applied for
12 A&S?

13 A. Yes.

14 Q. And you were granted A&S?

15 A. Yes.

16 Q. Was there any point in time when you
17 were at Mack that you applied for A&S and it was
18 denied?

19 A. Yes.

20 Q. When was that?

21 A. In March.

22 Q. Of which year?

23 A. 2020.

24 Q. And that was subsequently approved a
25 few weeks later?

1 C. BEHM

2 A. When I changed my wording.

3 Q. And it was approved retroactively
4 back to the date you went out of work?

5 A. Yes.

6 Q. Do you have any other disabilities?

7 A. I was diagnosed with sarcoidosis.

8 Q. When did that happen?

9 A. At first they thought I had cancer.
10 That was a couple of months after I left on A&S.
11 I had a big bump on my arm, and I saw a couple
12 of doctors for that. I saw an oncologist. And
13 eventually I was diagnosed with sarcoidosis.

14 Q. So do you recall when you received
15 that diagnosis?

16 A. I would say maybe -- I don't recall
17 the exact day.

18 Q. Was it while you were still employed
19 by Mack?

20 A. Yes.

21 Q. Did you ever tell anybody at Mack
22 that you had sarcoidosis?

23 A. I was out on A&S.

24 Q. So is that a "no"?

25 A. That's a "no."

1 C. BEHM

2 Q. Do you have any other disability?

3 A. That happened during Mack, or as a
4 whole?

5 Q. Well, on the whole.

6 A. I don't have a spleen.

7 Q. Is that something Mack was aware of?

8 A. I think it's in my paperwork on my
9 chart. You have to give a whole medical
10 history.

11 Q. You believe you are discriminated
12 against because you don't have a spleen?

13 A. I don't believe I was discriminated
14 against because of that. I was discriminated
15 against my migraines and what happened at Mack.

16 Q. So tell me what Mack did to
17 discriminate against you because you had
18 migraines.

19 A. Well, they denied my A&S.

20 Q. What else?

21 A. They put me in Mack in Motion when I
22 came back, and I didn't even have clearances. I
23 had a clearance from Dr. Shipkin, but not my
24 actual neurologist. They placed me on Mack in
25 Motion to sit there eight hours a day, doing

1 C. BEHM

2 nothing. Occasionally, they would have me doing
3 things that weren't even relative to my job,
4 showing people how to use the computer system,
5 for putting in requests for Buck Week and FMLA
6 and everything, because they didn't want to deal
7 with us, pretty much. They wanted us to be able
8 to go to the computer, put in requests for
9 paperwork, and not go to HR, at all.

10 Q. When you say "deal with us," who are
11 you referring to?

12 A. Anyone in the union. They separated
13 company from union. So if you didn't have a
14 company pass, you weren't going in HR.

15 Q. But you said "deal with us." You
16 said, They didn't want to deal with us.

17 A. Yes. Anyone in the union.

18 Q. The company didn't want to deal with
19 anybody in the union?

20 A. No.

21 Q. What else did they do to
22 discriminate against you because of your
23 disability?

24 A. Because of my disability?

25 Q. Yes.

1 C. BEHM

2 A. They would put me on tasks, knowing
3 I couldn't perform them. As far as being on the
4 beginning of L line, pulling the cabs on, it was
5 in my medical chart about my shoulder and
6 repetitiveness. They had me doing extremely
7 hard labor.

8 Q. What about with regards to your
9 migraines? Did they do anything else to
10 discriminate against you because you had
11 migraines?

12 A. That's a tough one. I mean,
13 migraines are triggered by anything. Loud
14 noises, stress, repetitiveness.

15 Q. Describe the interior of the
16 Macungie Mack plant to me. Is it loud?

17 A. In some areas. Some areas it's
18 louder than others.

19 Q. Does it require some heavy labor?

20 A. In some areas. Some jobs are easy.
21 Some jobs are extremely difficult.

22 Q. Do they require repetitive motion?

23 A. Not all of them.

24 Q. Did you ever ask anybody in human
25 resources at Mack for a job that did not require

1 C. BEHM

2 those things?

3 A. I spoke to my union rep about being
4 in kitting.

5 Q. Let me ask it again. Did you ever
6 talk to anybody in human resources at Mack about
7 being in a position that did not require --

8 A. I was unable to.

9 Q. And that's because you couldn't go
10 to human resources without going to the union
11 first?

12 A. Correct.

13 Q. Is there anything else they did to
14 discriminate against you because you had a --
15 because of your migraines?

16 A. I have to think about that a little
17 bit more.

18 Q. Now, you also have alleged a hostile
19 work environment, harassment claim against Mack.
20 What is that based on?

21 A. Kaitlyn.

22 Q. How did Kaitlyn harass you?

23 A. Threatening my job.

24 Q. And do you believe that's based upon
25 your sex?

1 C. BEHM

2 A. I would say as a whole. I mean,
3 that plant is mainly men. And females are the
4 ones who pretty much care for children. Kaitlyn
5 knew I couldn't go to second shift.

6 Q. All right. Anything else that
7 Kaitlyn did to discriminate against you based
8 upon your sex?

9 A. Not about my sex, no.

10 Q. Now, you also specifically allege in
11 the complaint, if you look at the top of page 7,
12 paragraph 53, very top, you were subjected to
13 unwelcome sexual advances, language, innuendo
14 statement, and other conduct by a coworker/union
15 representative. Is that referring to Cruz?

16 A. Yes. And Kaitlyn would refer to me
17 as "the one with the nude photos," instead of by
18 my name.

19 Q. When did she do that?

20 A. When she wanted me to see a second
21 neurologist to get a second opinion,
22 Dr. Shipkin.

23 Q. Who did she make that comment to?

24 A. She made those comments, I believe,
25 to Kevin.

1 C. BEHM

2 Q. Do you have any idea why she made
3 those comments to Kevin?

4 A. Because she's rude and
5 unprofessional.

6 Q. What was she referring to, "the one
7 with the nude photos"?

8 A. Me.

9 Q. But what?

10 A. Instead of saying "Colleen Behm,"
11 "the one with the nude photos."

12 Q. Were there nude photos?

13 A. Yes.

14 Q. All right. So with regard to
15 Kaitlyn's conduct that you allege was harassing,
16 did you ever report that to anybody?

17 A. How am I supposed to report my Human
18 Resource person to my human resources?

19 Q. Again, did you ever report that to
20 anybody?

21 A. Kevin knew about it.

22 Q. How did Kevin know about it?

23 A. Because he's the one who told me
24 that she was referring to me as the one with the
25 nude photos.

1 C. BEHM

2 Q. Did you make a complaint to Kevin
3 about it?

4 A. I said, Well, that's rude.

5 Q. Did you make a complaint to anybody
6 at Mack in management about it?

7 A. Kaitlyn is the one who handled all
8 of that.

9 Q. Did you make a complaint to Kaitlyn
10 about it?

11 A. How am I supposed to tell Kaitlyn
12 that she's being a jerk?

13 Q. Again, I'm asking you the question.
14 So don't ask me a question back, please.

15 A. No.

16 Q. Thank you.

17 Did you ever make a complaint to anybody
18 in management at Mack about Kaitlyn?

19 A. No.

20 Q. All right. Now, you also alleged my
21 client retaliated against you. What did my
22 client do to retaliate against you?

23 A. In what instance?

24 Q. Well, anytime. I mean, you
25 mentioned earlier there were several instances

1 C. BEHM

2 of conduct you thought was retaliatory. So I'm
3 wondering what they did to you that you thought
4 was in retaliation for any, you know, protected
5 activity that you engaged in, either under the
6 Americans with Disabilities Act or Title VII.

7 A. Well, I believe that they -- when
8 they put me in Mack in Motion, like I stated
9 before, that's pretty much where they put the
10 misfits. They don't want to deal with you. And
11 I believe they knew that I didn't have
12 clearances, so they didn't want me on the actual
13 floor, because I would be a liability.

14 Q. I believe you testified earlier,
15 when you went to Mack in Motion, you were paid
16 the same pay rate you had before you went on
17 that leave?

18 A. Yes.

19 Q. And you subsequently moved back to a
20 production flex position, after Mack in Motion?

21 A. Yes.

22 Q. What else did Mack do to you that
23 you believe was in retaliation for you engaging
24 in protected activity?

25 A. I believe they wanted me out the

1 C. BEHM

2 door, and they knew my weak points, and they
3 used that to their advantage. They knew I
4 couldn't go to second shift. They knew I would
5 have migraines. They knew certain situations
6 would be unbearable for me, and ultimately, I
7 would leave. And that's exactly what happened.

8 Q. Why did you believe Mack wanted to
9 get rid of you?

10 A. Because of the time that I was
11 taking off for my health.

12 Q. And that time was all covered by A&S
13 benefits?

14 A. Yes.

15 Q. Is there anything else that Mack did
16 that you believe was retaliatory?

17 A. With denying A&S and trying to get
18 me in trouble with filing false reports with
19 unemployment, yes.

20 Q. Is there anything else Mack did that
21 you believe was retaliatory?

22 A. Not that I can recall at this time.

23 Q. All right. If you look over to
24 page 9 of the complaint.

25 A. Yes.

1 C. BEHM

2 Q. Count 5 of the complaint is a claim
3 called "breach of duty of fair representation."
4 It says: Plaintiff versus defendant, UAW. You
5 are not bringing a claim of breach of duty of
6 fair representation against Mack, are you?

7 A. That's his department.

8 MR. BAIRD: No, we are not.

9 A. No.

10 Q. Just confirming. Thank you.

11 MR. MC COY: I've probably got 15
12 or 20 more minutes. You want to
13 just keep going? Are you okay?

14 THE WITNESS: Yes.

15 Q. All right. Ms. Behm, in the
16 complaint, you are alleging that you're entitled
17 to certain damages from my client as a result of
18 its conduct in this case. The first one of
19 those is lost wages. What wages have you lost
20 as a result of my client's conduct?

21 A. I wanted to retire there. I dropped
22 out of school from mortuary science to take my
23 job at Mack. I thought that was going to be --
24 to be where I finished everything.

25 Q. And on February the 8th of 2021,

1 C. BEHM

2 when you resigned from employment at Mack, could
3 you have gone back to Mack?

4 A. Yes.

5 (2018 W-2 is received and marked
6 as Exhibit 47 for identification, as
7 of this date.)

8 Q. Ms. Behm, if you look at Exhibit 47
9 for me first, would you just confirm these
10 appear to be your W-2s from 2018, 2019, and 2020
11 from Mack; is that correct?

12 A. Yes.

13 Q. In 2018, it looks like you earned
14 \$32,881.44.

15 A. Yes.

16 Q. In 2019, you earned \$34,233.87?

17 A. Yes.

18 Q. And in 2020, you earned 29,879.24?

19 A. Yes.

20 (Earning Statement is received
21 and marked as Exhibit 48 for
22 identification, as of this date.)

23 Q. And then if you would look at
24 Exhibit 48, which I believe are your earning
25 statements from Mack for the couple of months in

1 C. BEHM

2 2021 when you were employed, if you would just
3 confirm that those are accurate, for me, please.

4 A. Yes.

5 Q. If you look at the first page, it
6 indicates ASN and says: \$489.10. Is that how
7 much you earned per week when you were on A&S?

8 A. Yes.

9 Q. All right. And if you would look
10 over at the page -- it's the second-from-last
11 page. It's got a Bates label of Mack 390 on it.

12 A. Second-to-last page?

13 Q. Second-to-last page, yes.

14 A. Page 390?

15 Q. 390, yes.

16 A. Okay.

17 Q. Did you receive a vacation payout of
18 about a little over \$2500 on your final
19 paycheck?

20 A. Yes.

21 Q. And then on the next page, the very
22 last page, which is 391, looks like you got a
23 profit-sharing payment in April of 2021; is that
24 correct?

25 A. Yes.

1 C. BEHM

2 (Earning Statement is received
3 and marked as Plaintiff Exhibit 49
4 for identification, as of this
5 date.)

6 Q. All right. In Exhibit 49, you made
7 reference a couple of hours ago to this, I
8 believe. Are these -- what is this document,
9 Exhibit 49?

10 A. This is my earnings from OnlyFans.

11 Q. Okay. And that's from September 1st
12 of 2021 to November 7th of 2021?

13 A. Yes.

14 Q. I believe you indicated that you
15 continued to have the OnlyFans site until
16 approximately one month ago?

17 A. Yes.

18 Q. Do you know how much total you
19 earned from OnlyFans?

20 A. Just under 2,000, as a whole, from
21 when I started it until I turned it off.

22 Q. You're also alleging that you lost
23 benefits. What benefits did you lose as a
24 result of --

25 A. Health benefits.

1 C. BEHM

2 Q. Do you currently have any health
3 benefits?

4 A. Through the state.

5 Q. Do you have to pay anything for
6 those benefits?

7 A. No.

8 Q. The house where you currently live,
9 do you own it?

10 A. No. I rent it.

11 Q. Have you ever -- have you rented it
12 the entire time you've been there?

13 A. Yes.

14 Q. During -- I guess between
15 February of 2021 and the present, did you ever
16 receive any government COVID benefits?

17 A. Yes. From -- I'm sorry. From what
18 dates?

19 Q. Between February of 20 -- between
20 the time you resigned from employment and the
21 present.

22 A. Yes.

23 Q. Do you know how much you received in
24 COVID benefits during that time period?

25 A. I don't know.

1 C. BEHM

2 Q. Did you also receive COVID benefits
3 in 2020 when you were out of work?

4 A. Yes.

5 Q. Do you recall how much you received
6 in COVID benefits in 2020?

7 A. I do not.

8 Q. Have you been unable to see any of
9 your doctors because of your -- because of the
10 fact you lost your health benefits last year?

11 A. Yes.

12 Q. Which doctors can you not see any
13 longer?

14 A. I can't see my family physician
15 anymore. So Brent Calhoon, Dr. Bonaccorsi,
16 Kimberly Rauenzahn. My clavicle doctor. I had
17 to get an out-of-network authorization to see
18 him, but that's limited. And my -- I can't see
19 my normal gynecologist. I have to see one
20 through the state, and I'm still on a waiting
21 list to get an appointment with her.

22 Q. Have you been denied any medical
23 coverage in the past year?

24 A. As far as health insurance or --

25 Q. As far as any -- have you been

1 C. BEHM

2 denied any coverage for any medical issue that
3 you've had because you didn't have insurance?

4 A. Yes.

5 Q. What sort of issue have you had that
6 has not been covered by your health?

7 A. I don't have a family doctor
8 anymore.

9 Q. So when you have a medical issue,
10 where do you get treatment?

11 A. I have to go to an Urgent Care.

12 Q. So have you had any serious medical
13 issues in the past year?

14 A. Migraines.

15 Q. Do you continue to take the same
16 medication you took prior to February of 2021?

17 A. I take Tylenol.

18 Q. Do you have any prescription
19 medication that you take for migraines?

20 A. No, because I can't see a
21 specialist.

22 Q. So since you left Mack, you no
23 longer take your prescription medication?

24 A. Correct.

25 Q. You allege you have injury to

1 C. BEHM

2 reputation. What do you mean by that?

3 A. I don't see self-expression as being
4 harmful, but when someone degrades you for it
5 and calls you "the one with the nude photos,"
6 and puts you out there even more as in a
7 degrading way, it hurts.

8 Q. Do you have any knowledge that -- I
9 assume you're referring to Kaitlyn's comments
10 about you?

11 A. Yes.

12 Q. Do you have any knowledge that
13 Kaitlyn made those comments outside of Mack?

14 A. I don't know if she did.

15 Q. You also allege you're seeking to
16 recover attorney's fees. Have you had to pay
17 anything to your attorney so far in this case?

18 A. No.

19 Q. Have you had to pay any costs to
20 your attorney in this case?

21 A. Not yet.

22 Q. All right. You're also alleging
23 that you suffered mental and emotional distress
24 because of my client's conduct. Tell me about
25 your mental and emotional issues.

1 C. BEHM

2 A. I don't know what my life is going
3 to hold anymore. I enjoyed going to Mack. Life
4 happens, and I had no control over that. But my
5 womanhood was taken from me. I couldn't walk in
6 Mack and not feel like I was being judged.
7 That's why I couldn't go back.

8 Q. And that's based on the conduct of
9 Cruz and Kaitlyn?

10 A. Yes.

11 Q. When did Kaitlyn make the comment
12 about the nude photos?

13 A. When she scheduled for second
14 opinion with Dr. Shipkin.

15 Q. So that would have been August of
16 2019?

17 A. Yes.

18 Q. Have you received any treatment for
19 emotional distress?

20 A. Yes.

21 Q. Who have you seeked [sic] treatment
22 from.

23 A. I saw Jill Snively. She was a
24 counselor. I was seeing her weekly. And then I
25 went to biweekly, and then monthly. So it was

1 C. BEHM

2 weekly when I was dealing with Mack. And then
3 my stress levels started to improve when I
4 wasn't dealing with Kaitlyn or Cruz.

5 Q. When did you start seeing Jill
6 Snively?

7 A. After my concussion.

8 Q. So after May of 2019?

9 A. About June, July, yes.

10 Q. Are you still seeing her?

11 A. No.

12 Q. When did you stop seeing her?

13 A. After I resigned from Mack.

14 Q. Besides Jill Snively, have you seen
15 anybody else for emotional distress?

16 A. No.

17 Q. What are you looking to recover from
18 Mack in this case?

19 A. I'd have to discuss that with
20 Graham. I don't know a roundabout figure.

21 Q. Some money?

22 A. As much as I would love to go back
23 to Mack, and I would in a heartbeat, I just know
24 it wouldn't be the same.

25 Q. Why do you say that?

1 C. BEHM

2 A. Because of Kaitlyn and, to my
3 knowledge, Cruz is still employed there, even
4 under my accusations.

5 (Rule 26 Disclosures is received
6 and marked as Exhibit 50 for
7 identification, as of this date.)

8 (Answers is received and marked
9 as Exhibit 51 for identification, as
10 of this date.)

11 (Responses is received and marked
12 as Exhibit 52 for identification, as
13 of this date.)

14 Q. All right. So, Ms. Behm, I'm going
15 to ask you just a couple of questions about each
16 of these. So Exhibit 50, if you'll start with
17 that one, those are the initial disclosures that
18 you sent to us in this lawsuit. And just a
19 couple of questions for you.

20 In the first page there's a section, if
21 you look down towards the bottom, says: Persons
22 with knowledge.

23 Do you see that?

24 A. Yes.

25 Q. And you got a list of several

1 C. BEHM

2 people. I know who most of these are. Cruz
3 Rivera. That should be Kevin Fronheiser; is
4 that right?

5 A. Yes.

6 Q. Joshua Knappenberger, who is that?

7 A. That was a guy I dated at Mack.

8 Q. What does he know -- what
9 information does he have related to your
10 lawsuit?

11 A. I told him what was happening with
12 Cruz.

13 Q. So that was in the same time frame
14 with the issues with Cruz over December of 2019
15 to February of 2020, that time frame?

16 A. Yes.

17 Q. Kenneth Virgil, who is he?

18 A. He worked with me.

19 Q. And Joshua was a coworker, as well?

20 A. Yes.

21 Q. He was not a supervisor, was he?

22 A. No.

23 Q. Is Kenneth a supervisor?

24 A. No.

25 Q. I believe you referenced you talked

1 C. BEHM

2 to Kenneth, you told Kenneth about Cruz, as
3 well?

4 A. Yes.

5 Q. If you look over on page 2.

6 A. Same exhibit?

7 Q. Yes, same exhibit. In C, the very
8 bottom of C, and I realize these were submitted
9 to us August 31st of last year, it says: Today
10 Plaintiff has sustained approximately \$21,964 in
11 lost wages and economic loss.

12 Do you see that?

13 A. Yes.

14 Q. How did you come up with that
15 number?

16 A. You'd have to talk to Graham.

17 Q. So that's not your calculation?

18 A. No.

19 Q. All right. If you'll go to 51,
20 please. First section is the interrogatories
21 that you provide in response to -- or the
22 responses that you provided in -- to the
23 interrogatories that we submitted to you.

24 If you go over to page 4, at the top --

25 A. Yes.

1 C. BEHM

2 Q. -- there's a statement about Stanley
3 Black & Decker says: Plaintiff currently in the
4 hiring process.

5 What does that mean?

6 A. Yes. They -- I had interviews with
7 them. She wanted me to do a tour of the
8 facility and then, shortly after, I got a call
9 stating that I had to have two back-to-back
10 surgeries because I had a bone infection in my
11 clavicle. So I told Stanley Black & Decker
12 that. She said, Give me a call after surgery.
13 And I sent her an email, but all the positions
14 were filled.

15 Q. So when was that that you were in
16 the hiring process with them?

17 A. Around October.

18 Q. When did you have surgery?

19 A. October.

20 Q. And so what -- you had an infection;
21 is that what you said?

22 A. A bone infection.

23 Q. And was this the same shoulder that
24 had been injured previously?

25 A. Yes.

1 C. BEHM

2 Q. Did you reinjure the shoulder?

3 A. No.

4 Q. And so what kind of surgery did you
5 have?

6 A. They put an antibiotic cement in
7 there. They took my hardware out, put an
8 antibiotic cement between the non-union
9 fracture, and then I was supposed to have
10 surgery four weeks later, but I got COVID, so
11 six weeks later I had my second surgery, and
12 they took bone from my hip and put it in there
13 with new hardware.

14 Q. So, again, just to make sure my time
15 frame is correct, this was October of last year,
16 so 2021?

17 A. Yes.

18 Q. And how long were you unable to work
19 because of that?

20 A. I still haven't been cleared to do
21 anything.

22 Q. So have you reached back out to
23 Stanley Black & Decker?

24 A. I did. I told them that surgery
25 went good. And I asked them if they had any

1 C. BEHM

2 openings coming up.

3 Q. When did you reach back out to them?

4 A. Within the past month.

5 Q. So I know you said you did a
6 cleaning job, or worked for a cleaning company
7 last week. How were you able to do that with
8 your shoulder?

9 A. It's very light work. Just wiping
10 windows and tabletops.

11 Q. Who did your surgery on your
12 shoulder?

13 A. Craig O'Neill.

14 Q. Same doctor?

15 A. Yes.

16 Q. Go to page 6, please. In the middle
17 of the page, you see there's a section that says
18 Answer to Interrogatory Number 13? You see
19 that?

20 A. Yes.

21 Q. And, again, there are several
22 witnesses listed. There are a couple of new
23 ones, I believe. One is a Desiree Williams?

24 A. Yes.

25 Q. That's your friend you mentioned

1 C. BEHM

2 earlier, correct?

3 A. Yes.

4 Q. So you've discussed your lawsuit
5 with Desiree?

6 A. Yes.

7 Q. Derrick Jones, I believe you
8 mentioned him. He was the one you talked to
9 when Cruz was making comments to you --

10 A. Yes.

11 Q. -- texting you?

12 Jill Snively, we -- and who is Joanna
13 Weaver?

14 A. My mom.

15 Q. That's your relative.

16 What did you talk to your mother about?

17 A. She was there when Cruz messaged me.

18 Q. All right. If you would go to
19 Document 52, please. These are your responses
20 to our request for production. My only question
21 is: Have you provided all documents that you
22 have in your possession related to your
23 employment at Mack, or related to any of the
24 claims in this case, to your attorney?

25 A. Yes.

1 C. BEHM

2 (Screenshots are received and
3 marked as Exhibit 53 for
4 identification, as of this date.)

5 Q. Ms. Behm, you've been handed what
6 has been marked as Exhibit 53. Do you recognize
7 these pages?

8 A. Yes. That's my Instagram.

9 Q. And you made reference earlier to
10 the nude photos. Are these the photos that you
11 were referring to?

12 A. Yes.

13 Q. Are these part of -- were these some
14 of your modeling photos that were taken?

15 A. Yes, but these weren't the photos
16 that were taken while at Mack.

17 Q. When were the -- you're referring to
18 page 1?

19 A. Yes.

20 Q. When were those photos taken?

21 A. These are more recent photos. So
22 within the past two years. So when Kaitlyn made
23 the comment of "the one with the nude photos,"
24 it was me with orange and blue hair.

25 Q. I want to make sure I'm following

1 C. BEHM

2 you. So you said these photos were taken within
3 the last two years?

4 A. Yes.

5 Q. But were not taken while you were at
6 Mack.

7 A. Meaning, they weren't taken when
8 Kaitlyn made that reference.

9 Q. They were taken after that?

10 A. Yes.

11 Q. But you were -- were you working at
12 Mack when these pictures were taken?

13 A. I think so, yes.

14 Q. And then page 2, I'm assuming
15 that -- is that you with Corey?

16 A. That's Corey.

17 Q. Same on page 3, you and Corey?

18 A. That's Corey.

19 Q. Let me -- I'm sorry, go back to
20 page 2 just a minute. There's a reference under
21 that photo, the date, August 15th. Do you know
22 what year that picture -- that post was?

23 A. Which page?

24 Q. Page 2.

25 A. This past year.

1 C. BEHM

2 Q. August. That would have been
3 August 15th of 2021?

4 A. Yes. That was about the time that
5 we started talking.

6 Q. And then the next page, there's
7 another picture of you and Corey. Do you know
8 when that picture was from?

9 A. Around the same time as the other
10 one.

11 Q. And then down at the bottom there's
12 a picture that's cut off. Do you know who that
13 is with you in the bottom picture?

14 A. The one with the page --

15 Q. Yeah, there, that one that's cut
16 off?

17 A. That's me and Desiree.

18 Q. All right. And then the next post,
19 I believe, it's two pages. There's a picture --
20 there's the text, and then the next page is the
21 picture; is that right?

22 A. Yes.

23 Q. All right. And this is a post from
24 February 25th. Do you know what year this was
25 done?

1 C. BEHM

2 A. I don't. I had blue hair. So it
3 was sometime in 2019.

4 Q. All right. So in February of 2019,
5 were you still married to Corey?

6 A. Legally.

7 Q. You said in this post: My marriage
8 made me extremely insecure with the cheating and
9 abuse.

10 So was this taken after -- was this posted
11 after you were divorced?

12 A. I can't confirm or deny.

13 Q. Now, in this post you indicate
14 you're going to have a Brazilian butt lift?

15 A. Yes. I wanted one.

16 Q. When did you have that done?

17 A. I went to Florida to talk to a
18 surgeon, in March.

19 Q. Of what year?

20 A. Not this year. Last year.

21 Q. March of 2021?

22 A. Yes. A year ago.

23 Q. Did you have the procedure done?

24 A. To an extent.

25 Q. What do you mean by that?

1 C. BEHM

2 A. My blood levels weren't sufficient.

3 Q. So what kind of procedure did you
4 actually have done?

5 A. They took a little bit of fat out of
6 my belly.

7 Q. But not as much as you wanted?

8 A. Correct.

9 Q. And where did you have this done?

10 A. CG Cosmetics.

11 Q. Where is that located?

12 A. Miami.

13 Q. Do you have any records related to
14 that procedure?

15 A. No.

16 Q. How did you pay for that procedure?

17 A. A guy that I was dating paid for it.

18 Q. Who was that?

19 A. That was Joshua Framptom.

20 Q. Did he work at Mack?

21 A. No.

22 Q. So this was before you got back with
23 Corey?

24 A. Yes.

25 Q. When did you and Corey get back

1 C. BEHM

2 together?

3 A. I would say, summer of last year.

4 Q. And then the next page, there's a
5 post from February 23rd. Do you know what year
6 that was?

7 A. I don't.

8 Q. And then the next page. Tell me
9 what that picture is.

10 A. That was the very first photo shoot
11 I did after my concussion.

12 Q. And are you underwater in that
13 picture?

14 A. I am.

15 Q. And that was June 8th of 2019?

16 A. That's when the photo was posted.

17 Q. So when was the picture taken?

18 A. Probably a week before.

19 Q. Are those Corey's arms in that
20 picture?

21 A. No. Those hands would be Brandon
22 Lesagonicz.

23 Q. Who is that?

24 A. A male model.

25 Q. And then the next picture,

1 C. BEHM

2 July 21st, do you know what year that was?

3 A. That was two years ago.

4 Q. 2020?

5 A. Yes.

6 Q. It wasn't the same year as the
7 underwater photo?

8 A. No.

9 Q. Okay. And then the last one, that's
10 you and Desiree again?

11 A. Yes.

12 Q. And then that's July 25th. Do you
13 know what year that is?

14 A. Well, the photo on the last two
15 pages, those were taken the same day, so you
16 can't really go by the dates in the photos.

17 Q. I'm sorry, the photos were taken the
18 same -- I'm just -- I'm wondering what year --
19 so that's the post -- July 25th is when you
20 posted that, correct?

21 A. Yes.

22 Q. All right. Do you know when those
23 pictures were taken two years ago on the same
24 day, you said?

25 A. I don't. I would store photos in my

1 C. BEHM

2 phone and post them periodically.

3 Q. These were posted to Instagram?

4 A. My modeling account, yes.

5 Q. And do you still have that account?

6 A. I actually just opened it back
7 yesterday.

8 Q. When did you close it?

9 A. The same time I closed OnlyFans.

10 Q. So you closed it about a month ago
11 and then just reopened it again?

12 A. Yes.

13 (A break was taken.)

14 Q. Have you ever applied for Social
15 Security Disability?

16 A. Yes.

17 Q. When did you apply for Social
18 Security Disability?

19 A. I don't recall the exact date. I
20 got a letter from Mack Trucks saying that I had
21 to apply for long-term disability.

22 Q. You don't recall when that was?

23 A. No.

24 Q. But you did submit an application to
25 the Social Security Administration?

1 C. BEHM

2 A. I had to go and do a physical.

3 Q. What was the result of that?

4 A. I got denied. They said I could be
5 a secretary.

6 Q. Do you know if that happened during
7 the time period that you were out from 2020
8 until 2021?

9 A. Yes. I was still employed by Mack.

10 Q. You were out on several A&S leaves
11 during your employment?

12 A. Yes. My last one.

13 Q. You indicated earlier that you had
14 applied for an LLC to start your own business.
15 What was the name of the business?

16 A. Evergreen Cleaning Services.

17 Q. Have you submitted the paperwork for
18 that already?

19 A. Yes.

20 Q. Are you planning on -- when are you
21 planning on starting the business?

22 A. Hopefully, soon.

23 Q. What kind of cleaning are you going
24 to do?

25 A. Residential, eventually commercial.

1 C. BEHM

2 I have a lot of family that has been in that
3 industry, so they are giving me tips.

4 Q. Your Instagram account, what is your
5 name on Instagram?

6 A. Right now?

7 Q. Yes.

8 A. Creature, spelled just like
9 creature, and Collz, C-O-L-L-Z.

10 Q. Is that all one word?

11 A. I believe there's an underscore
12 between "Creature" and "Collz."

13 Q. What other names have you used on
14 Instagram?

15 A. The Goat one.

16 Q. Is that the Goat XX?

17 A. Yes.

18 Q. What else?

19 A. Wild_flower.

20 Q. Does that have an underscore in it,
21 as well?

22 A. Yes.

23 Q. Any others?

24 A. Not that I can recall.

25 Q. Do you still use the Goat or the

1 C. BEHM

2 Wild_flower?

3 A. Wild_flower got hacked. So I can't
4 even access that one. And the Goat one is the
5 Creature_Collz one.

6 Q. When did you close down the one that
7 was Goat XX?

8 A. It's not closed. It's the
9 Creature_Collz.

10 Q. I understand. Well, I guess, when
11 did you change it to Creature_Collz?

12 A. I don't know an exact date.

13 Q. You testified earlier that you
14 worked at several gentlemen's clubs;
15 Cheerleaders, Utopia, and one more.

16 A. Scores?

17 Q. Scores. At those clubs, are those
18 completely nude dancing?

19 A. No.

20 Q. What, topless, what is it?

21 A. Scores, you couldn't be showing
22 anything. You had to wear pasties and bottoms.
23 Pasties cover your nipples.

24 Q. I understand.

25 A. Okay. At Cheerleaders in New

1 C. BEHM

2 Jersey, you had to stay fully clothed. You
3 couldn't expose anything.

4 And at Diva/Utopia/BabyDoll, you could go
5 topless. But that was a personal choice.

6 Q. And then on your OnlyFans account,
7 you testified that you mowed the lawn topless.
8 Have you ever done anything on OnlyFans
9 completely nude?

10 A. Yes.

11 Q. What sort of things have you done on
12 OnlyFans completely nude?

13 A. I have had sex on OnlyFans.

14 Q. Was Corey involved in that?

15 A. Yes.

16 Q. Why did you get back together with
17 Corey?

18 A. A mixture of things. He stopped
19 drinking. That was the root of all of his evil.
20 That's why he was angry, that's why he assaulted
21 me. And he got his act together. I had to
22 divorce him, but he got his act together.

23 Q. Do you plan to get remarried?

24 A. No.

25 Q. All right. I know we have covered a

1 C. BEHM

2 lot of ground today. Is there anything that you
3 have forgotten that you now remember that you
4 would like to tell me?

5 A. Before I went out on A&S, the last
6 time I had all my paperwork submitted for what
7 type of taxes to be taken out of my checks. And
8 when I went out on A&S, something miraculously
9 happened and PA tax stopped being taken out, and
10 I had to pay in over \$500. So I don't know if
11 that was something that HR did, but I certainly
12 didn't make that adjustment.

13 Q. Anything else that you may have
14 forgotten that you want to add to the record
15 now?

16 A. I found it very disheartening that
17 after the accusations with Cruz, he is still
18 employed there. That just shows the length of
19 Mack not having any type of heart towards
20 situations like that.

21 Q. Anything else?

22 A. No.

23 Q. Is there anything that you may have
24 misstated that you need to correct before we
25 close your deposition?

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A. No.

Q. Is there anything else you would like to tell me about your lawsuit against Mack Trucks?

A. No.

MR. MC COY: All right. That's all of the questions I have.

MR. BAIRD: No questions.

(Time noted: 4:47 p.m.)

COLLEEN BEHM

Sworn and subscribed to
before me this ____ day of
_____, _____.

Notary Public

I N D E X

WITNESS PAGE

COLLEEN BEHM

By MR. MC COY 4

E X H I B I T S

FOR IDENT. DESCRIPTION PAGE

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C E R T I F I C A T I O N

I, CAROLYN C. CRESCIO, a Notary
Public, within and for the State of
Pennsylvania, do hereby certify that the
foregoing witness, COLLEEN BEHM, was duly sworn
on the date indicated, and that the foregoing is
a true and accurate transcription of my
stenographic notes.

I further certify that I am not
related to any of the parties to this action by
blood or marriage; and that I am in no way
interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto
set my hand this 8th day of March, 2022.



CAROLYN C. CRESCIO

ERRATA SHEET

CASE NAME: Collen Behm vs. Mack Truck, Inc., et al

DATE OF DEPOSITION: March 8th, 2022

WITNESS' NAME: COLLEEN BEHM

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COLLEEN BEHM

Sworn and subscribed to
before me this ____ day of

_____, _____.

Notary Public

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Employment Application

Date of Application: Dec. 12, 2017

Name: John Colleen
Last First



Employment Application

Personal

Last Name: John First Name: Colleen
 Social Security No. 188-70-4810 Date of Application: 12/12/17
 Address: 1904 Van Rensselaer Rd Apt 64
 City: Whiting State: PA Zip/postal code: 19610
 Home phone: n/a Work phone: n/a
 Mobile phone: 610-581-0522 Email address: Colleen89@gmail.com
 Have you ever filled out an application for Mack Trucks before? ☐ Yes ☒ No
 If Yes, give most recent date and position n/a
 Have you ever been employed by Mack before? ☐ Yes ☒ No
 If Yes, give most recent date and position n/a
 Are you employed now? ☐ Yes ☒ No If so, may we contact your present employer ☐ Yes ☒ No
 Are you over the age of 18 years old? (If no, you will be required to provide authorization to work) ☒ Yes ☐ No
 Are you legally eligible for employment in the United States ☒ Yes ☐ No

(Proof of identity and eligibility will be required)

Employment Preference

Position Applying for: production or "part runner"
 Type of employment: ☒ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary ☐ Co-op ☐ Intern
 On what date you would be available for work? 12/12/17
 Are you on lay-off and subject to recall? ☐ Yes ☒ No
 Can you travel if the job requires it? ☒ Yes ☐ No
 Have you been convicted of a felony within the last 7 years? ☐ Yes ☒ No
 (Conviction will not necessarily disqualify applicant from employment)
 If Yes, explain: n/a

EducationHigh School: Gow. Mifflin Address (City & State): Shillington, PAPhone number: _____ Did you graduate? ☒ Yes ☐ No ☐ GED

College/ University (Most Recent): _____ Phone number: _____

Address (City and State): _____ GPA: _____

Did you graduate: ☐ Yes ☐ No ☐ Current Student Type of Degree: _____

Degree received date: ____/____/____ Major and Minor: _____

Graduate School (or additional colleges): _____ Phone number: _____

Address (City & State): _____ GPA: _____

Did you graduate? ☐ Yes ☐ No ☐ Current Student

Type of Degree: _____ Degree received date: ____/____/____

Major and Minor: _____

Business, Vocational or Junior College _____ Phone number: _____

Address (City and State): _____ GPA: _____

Did you graduate: ☐ Yes ☐ No ☐ Current Student

Type of Degree: _____ Degree received date: ____/____/____

Major and Minor: _____

Special Skills & Qualifications:

Summarize or describe special skills, qualifications or certificates not otherwise listed in this application (E.g., Mechanical Aptitude, CDL, Welding, Spray Painting, Sheet Metal Finishing etc.)

Mechanical, heat transfer, cars**Language Proficiency**

Indicate languages you speak, read and/or write

	Fluent	Good	Fair
Speak	English		
Read	English		
Write	English		

Employment History

List work experience in chronological order (most recent position first)

Employer Name: Wetmore Telephone With Area Code: _____Address (City and State): Lebanon, PADate of Employment - Start Date: 01/15 End Date (leave blank if still employed): 06/17Beginning Salary: \$8.50 Ending Salary: \$8.50 Bonus Earned: n/aPosition Held / Job Title: Pet Care Description of Duties: Caring for sickSICK ANIMALS Customer serviceReason for Leaving: had childIs this a current employer? ☐ Yes ☒ NoDo we have permission to contact this employer? ☒ Yes ☐ No

Employment Experience #2

Employer Name: Elite Sportswear Telephone With Area Code: _____Address (City and State): Reading, PA

Date of Employment - Start Date: _____ End Date (leave blank if still employed): _____

Beginning Salary: \$8.00 Ending Salary: \$8.00 Bonus Earned: n/aPosition Held / Job Title: line leader Description of Duties: man, heat transfer,handing out, checking work in givingReason for Leaving: not enough money, no room for advancingIs this a current employer? ☐ Yes ☒ NoDo we have permission to contact this employer? ☒ Yes ☐ No

Employment Experience #3

Employer Name: PPA Telephone With Area Code: _____Address (City and State): Sinking Springs, PA

Date of Employment - Start Date: _____ End Date (leave blank if still employed): _____

Beginning Salary: \$10 Ending Salary: \$11 Bonus Earned: n/aPosition Held / Job Title: Supervisor Description of Duties: Supplements,appointments for operators, givingReason for Leaving: temporaryIs this a current employer? ☐ Yes ☒ NoDo we have permission to contact this employer? ☒ Yes ☐ No

Employment History

List work experience in chronological order (most recent position first)

Employer Name: UNO'S Telephone With Area Code: _____Address (City and State): WYOMISSING PADate of Employment - Start Date: 10/07 End Date (leave blank if still employed): 06/12Beginning Salary: \$243 Ending Salary: \$243 Bonus Earned: nilPosition Held / Job Title: waitress Description of Duties: handling foodcustomer service, hostessReason for Leaving: closedIs this a current employer? ☐ Yes ☐ NoDo we have permission to contact this employer? ☐ Yes ☐ No

Employment Experience #2

Employer Name: _____ Telephone With Area Code: _____

Address (City and State): _____

Date of Employment - Start Date: _____ End Date (leave blank if still employed): _____

Beginning Salary: _____ Ending Salary: _____ Bonus Earned: _____

Position Held / Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

Is this a current employer? ☐ Yes ☐ NoDo we have permission to contact this employer? ☐ Yes ☐ No

Employment Experience #3

Employer Name: _____ Telephone With Area Code: _____

Address (City and State): _____

Date of Employment - Start Date: _____ End Date (leave blank if still employed): _____

Beginning Salary: _____ Ending Salary: _____ Bonus Earned: _____

Position Held / Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

Is this a current employer? ☐ Yes ☐ NoDo we have permission to contact this employer? ☐ Yes ☐ No

8

References

List below three professional references:

Reference #1

First Name: Robert Last Name: Behm
 Address: 127. W. Wiesner Rd. Phone number: 402-926-3812
 Business: MACK Years Acquainted: 3
 How do you know this person? boyfriend's father

Reference #2

First Name: Heather Last Name: Pannun
 Address: 1334 West Wyoming Blvd Phone number: 404-219-6230
 Business: PCBS Years Acquainted: 17
 How do you know this person? High school

Reference #3

First Name: Brittany Last Name: Smeer
 Address: 8 N. Los Robles Ct Phone number: 610-463-8509
 Business: Elite Years Acquainted: 4
 How do you know this person? Elite

I certify that the information on this application is true and complete. Mack Trucks, Inc. has my permission to discuss, for employment purposes, the contents of this application with anyone except as follows:

(Specify organizations or persons not to be contacted)

I understand that passing a pre-placement medical evaluation, including drug screening, by a company physician is required as a pre-condition of employment.

I understand and agree that any misrepresentation or deliberate omission of fact on my application will be justification for refusal to employ me or for termination of my employment by Mack Trucks, Inc. I further understand that the information is subject to verification by Mack Trucks, Inc. and I authorize any of the persons or organizations referenced in this application to give you any and all information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from liability for any damages that may result from furnishing such information. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by Mack Trucks, Inc. I agree to conform to the rules, regulations and policies of Mack Trucks, Inc. and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn or added to by Mack Trucks, Inc. at any time with or without prior notice to me.

I further acknowledge that my employment may be terminated, any offer of employment, or any acceptance of any such offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of either Mack Trucks, Inc. or myself. I understand that no representatives of Mack Trucks, Inc. have an authority to enter into any agreement for any specified period of time or to assure any other personnel action, either prior to commencement of my employment or after I have become employed or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing, except as set forth in writing by the Board of Directors of Mack Trucks, Inc.

Applicant's signature

Date

12/12/17



Corey L. Behm
Robert Behm

Colleen S. John

1904 Van Reed Road Apartment G4 Wyomissing, PA 19610 | 610-587-0522 | osarab89@gmail.com

Professional Summary

I am very much interested in joining your team and applying my creativity, listening skills, courage, and my ability to inspire to an impressive company.

Core Qualifications

- Quik Learner
- Client Focused
- Computer Proficient
- Multi-task Management
- Creative Problem Solving
- Customer/Client Satisfaction

Work History

01/2015-08/2018 Pet Care Specialist at PetSmart-Wyomissing, PA

- Responsible for caring for all animals
- Assisted in treatment of well and sick pets
- Developed strong trustworthy relationships with customers
- Wrote, negotiated, and finalized sales contracts
- Prepared merchandise for sales floor

09/2012-11/2014 Lead at Elite Sportswear-Reading, PA

- Responsible for achieving production requirements
- Oversaw the production process and managed the production schedule
- Prepared and maintained production reports and personnel records
- Looked over other employees and assignments

06/2011-08/2012 Office Manager at Property Damage Appraisers-Sinking Springs, PA

- Oversaw daily office operations for staff of 10-12 employees
- Worked directly with insurance claims, adjusters, and appraisers to achieve the utmost satisfaction
- Researched and updated all required materials needed for firm and partners
- Analyzed department documents for appropriate distribution and filing

Colleen S. John

1904 Van Reed Road Apartment G4 Wyomissing, PA 19610 | 610-587-0522 | csarab89@gmail.com

Education

- American Academy McAllister Institute- Funeral Services
- Berks Technical Institute- Criminal Justice
- Berks Career and Technology Center- Cosmetology



Macungie Shop HBU
Interview Guide

Candidate Name: Colleen John

Date: 12/12/17

1. What attracted you to Mack Trucks?

Heard it was a very clean working environment and a great company.

2. Walk us through your resume. Tell us about the most important experiences you've had that will highlight your fit for the Production Tech position?

I worked in a very fast pace production factory with deadlines that needed to be met.

Job Specific Questions:

3. Please tell me about your experience and comfort level using mechanical hand tools (Identify tools used and specific purpose)

very comfortable, I have used heavy duty machinery that needs 1000% of your attention to avoid injury.

4. Please tell me about your experiences and comfort level operating a forklift? How many years? What types of forklift equipment have you been trained on?

I'm very comfortable, we used a three prong.

Quality Questions:

5. What jobs have required you to work at a fast pace and still maintain quality standards?

- a. What is priority Quality or Quantity?

Quality is absolute importance

6. Has there been a time where you have seen somebody on site doing something unsafe? What did you do about it?

Confront a supervisor to prevent harm to themselves and other employees



Judgment and Decision Making:

7. What kinds of pressures do you feel in your job? Tell me about them and explain how do you deal with them? When someone leaves a mess, I clean what I can, to do my job properly.

Job Motivation

8. What about your job most inspires you?
The finished product

Attendance:

9. (a.) If you were a Manager at Mack Trucks what would you expect from your employees in terms of attendance?
100%
(b.) How many days off would you allow one of your employees during a 90 day probationary period? none

Other

10. This position involves standing; walking; stooping; kneeling, crouch or crawl. Employee must be able to lift and/or move objects up to 10 pounds and occasionally up to 50 pounds. Are there any barriers to meeting these requirements?
no barriers
11. Do you have limitation in regards to:
Working specific shifts?
Working overtime daily including weekends?
no limitations
12. Are there questions about this Company or this opportunity that we can answer for you? Health insurance



Interviewer's Evaluation of Applicant:

Skill Description	Exceeds Requirements	Meets Requirements	Below Requirements
Specific Job Knowledge:		/	
Quality Assurance:		/	
Judgment and Decision Making:		/	
Communication:		/	
Attendance:		/	

Recommendation:

Recommend for Hire: Not a Match: No Decision Yet:

Provide your overall opinion of the applicant and make additional comments on any of the above areas.

Carmen M. Rivera 12/13/17
 Interview Signature: Title: Date:



Date: 12/19/17

Via Hand Delivery

Name: Colleen John

Dear Successful Candidate:

Congratulations! You have successfully completed our application and evaluation process. We are pleased to offer you a position as an hourly bargaining unit worker in our Macungie Cab and Vehicle Assembly contingent upon your passing of a drug screen. As a new hourly bargaining unit employee, your hourly wage rate and benefits will progress in accordance with the applicable collective bargaining agreement. Your exact position and wage will be communicated to you upon your acceptance and successful completion of the drug screen. In the event a position is not immediately available, you will be placed into our hiring pool of qualified candidates and contacted when a position becomes available. As required by law, your employment with Mack Truck's Inc. is also contingent upon your providing legal proof of your identity and authorization to work in the United States.

We look forward to having you join our team!

Mack Trucks, Inc.

Candidate's Signature

Colleen John

Candidate's Printed Name

New Hire Orientation Start Date

✓ Tuesday, January 2, 2018

Mack Trucks, Inc. - Macungie Cab & Vehicle Assembly - 7000 Alburts Road - Macungie, PA 18062



Production Tech

Classification
nonexempt

Salary Grade/Level/Family/Range
\$26.78

Reports to

Date

JOB DESCRIPTION

Summary/Objective

Operates mobile transport of equipment such as lift truck, hi-stacker, etc. in the movement of materials throughout the plant. Must satisfy company standards and requirements for operation of equipment. Place incoming production parts into proper bins and bulk floor storage locations to satisfy assembly requirements.

Also may include clerical type work functions associated with shop record keeping. Utilize working skills in the operation of data entry terminals and CRT's, computers, and other varied office equipment.

Safe loading and unloading of trailers from dock areas, back trailers safely into tight areas.

Essential Functions

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. The ability to use a variety of mechanical hand tools, including air driven and torquing tools
2. The ability to understand and carry out verbal and written instructions.
3. The Ability to use personal computers for diagnostic testing.
4. The ability to assemble/attach vehicle components or other sub-assembled parts without direct visualization.
5. The ability to read blueprints
6. The ability to use inspection tools.
7. The ability to effectively listen, responds, and communicates with supervisors and co-workers.

Competencies

1. Communication Proficiency.
2. Organizational Skills.
3. Mathematical Skills.
4. Technical Capacity.
5. Thoroughness.
6. Time Management.

Work Environment

As a Production Technician you will be responsible for working on our assembly lines in the production of heavy-duty trucks. Positions require use of air and hand tools, torque equipment, reading of blueprints, truck specification sheets, and job instructions, as well as working as part of a team in the production of our vehicles.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle or feel; reach with hands and arms; and talk or hear. The employee frequently is required to stand; walk; and stoop, kneel, crouch or crawl. The employee is occasionally required to sit and climb or balance. The employee must regularly lift and/or move objects up to 10 pounds, frequently lift and/or move objects up to 50 pounds, and occasionally lift and/or move objects that weigh more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

FUNCTIONS	PERCENT OF TIME
Lift/reach floor to waist, waist to shoulder, shoulder height or higher	Constant (67-100% of workday)
Use of vibratory tools	Frequently (34-66% of workday)
Stand, Walk	Constant (67%-100% of work day)
Stooping/Squatting	Occasional (6%-33% of workday)
Bending/Twisting	Frequently (34%-66% of workday)
Climbing	Frequently (34%-66% of workday)
Bilateral grip/grasp/push/pull	Frequently (34%-66% of workday)
Lifting/Carrying Medium Level(50 # max.; frequently up to 20#; constant 10#	Frequently (34%-66% of workday)

- ☐ I am able to perform all the essential function of this position without accommodation.
- ☐ I may need an accommodation to perform one or more of the essential functions of this position. (Place a check mark beside one or more of the essential functions that you are unable to perform.

Signature: _____

Date: _____

APPLICATION FOR MEMBERSHIP - UAW LOCAL 677 MACK UNIT

INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA (UAW)
DETROIT, MICHIGAN 48214

Name Colleen Sara John DOB 05/22/89 SS# [REDACTED] 4810 SAP# 450939
 Email CSara89@gmail.com Phone _____ Cell 610-587-0522
 Address 1904 Van Reed Rd Apt 64 City Wilmington State PA Zip 19610
 Prior Union Affiliation: Name _____ Local Number _____

I hereby designate, select and empower the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), its agents or representatives, to act for me as my exclusive representative for the purpose of collective bargaining in respect to rates of pay, wages, hours of employment or other conditions of my employment, and I hereby revoke every selection of designation which in any manner may heretofore have been made by me, or any other representative for any of such purposes.

I, in my honor, while a UAW member, to faithfully observe the Constitution and laws of the Union and the Constitution of the United States (or the Dominion of Canada as the case may be); to comply with all the rules and regulations for the government thereof; not to divulge or make known any private proceedings of this Union; to faithfully perform all the duties assigned to me to the best of my ability and skill, to so conduct myself at all times as not to bring reproach up on my Union, and at all times to bear true and faithful allegiance to the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW).

CONTRIBUTIONS OR GIFTS TO THE UAW ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES.

Applicants Signature [Signature]

Witness _____

Date 01/02/18

UAW877 TD
01/2018



UAW - 000009

JA000326

/15/2021

- member information -
UAW LOCAL 877

Personal

SS # [REDACTED]-4810

CLOCK : 450939

UAW ID : 03571237

Last Name : Behm

First Name Colleen

Middle :

Phone : (610)587-0522

Address : 216 Halsey Ave.

Birth Date : 05/22/1989

Address :

County : Berks

City : Reading

ST : PA

Marital Status

ZIP Code : 19609

Sex : FEMALE

No Label : false

Cell Phone : (610)587-0522

E-Mail : csarab89@gmail.com

T-shirt size :

Last4SSN : 4810

Job

Medical Coverage

Seniority Date 01/02/2018

Department :

Retire Date :

Shift : 1

Skill Level

Status : Inactive

Unit : Mack Truck

Classification : Macungie

Initiation Date

Committees :

Member Notes

was listed as Colleen John
Voluntary quit

UAW - 000010

JA000327

Member DUES Information

10/15/2021

UAW LOCAL 677

Member Information

SS #: [REDACTED]-4810 CLOCK: 450939 UNIT: Mack Truck

Last Name: Behm First Name: Colleen Middle:

Address: 216 Halsey Ave. Reading, PA 19609

Dues Record Information

Year: 2018 Type of Dues: Regular Dues UNIT: Mack Truck

Month	Dues	Refund
Jan	0.00	0.00
Feb	49.55	0.00
Mar	69.55	0.00
Apr	49.55	0.00
May	49.55	0.00
Jun	49.55	0.00
Jul	49.55	0.00
	49.55	0.00
Sep	49.55	0.00
Oct	0.00	0.00
Nov	0.00	0.00
Dec	0.00	0.00
TOTAL	416.40	0.00

UAW - 000011

JA000328

Member DUES Information

10/15/2021

UAW LOCAL 677

Member Information

SS #: [REDACTED]-4810 CLOCK: 450939 UNIT: Mack Truck

Last Name: Behm First Name: Colleen Middle:

Address: 216 Halsey Ave. Reading, PA 19609

Dues Record Information

Year: 2019 Type of Dues: Regular Dues UNIT: Mack Truck

Month	Dues	Refund
Jan	50.53	0.00
Feb	50.53	0.00
Mar	50.53	0.00
Apr	50.53	0.00
May	50.53	0.00
Jun	51.25	0.00
Jul	0.00	0.00
	51.25	0.00
Sep	51.25	0.00
Oct	51.25	0.00
Nov	51.25	0.00
Dec	103.55	0.00
TOTAL	612.45	0.00

UAW - 000012

JA000329

Member DUES Information

10/15/2021

UAW LOCAL 677

Member Information

SS #: [REDACTED] 4810 CLOCK: 450939 UNIT: Mack Truck

Last Name: Behm First Name: Colleen Middle:

Address: 216 Halsey Ave. Reading, PA 19609

Dues Record Information

Year: 2020 Type of Dues: Regular Dues UNIT: Mack Truck

Month	Dues	Refund
Jan	52.80	0.00
Feb	52.80	0.00
Mar	50.95	0.00
Apr	20.38	0.00
May	37.69	0.00
Jun	0.00	0.00
Jul	0.00	0.00
Aug	50.95	0.00
Sep	0.00	0.00
Oct	0.00	0.00
Nov	0.00	0.00
Dec	0.00	0.00
TOTAL	265.57	0.00

UAW - 000013

JA000330

Member DUES Information

10/15/2021

UAW LOCAL 877

Member Information

SS #: [REDACTED] 4810 CLOCK: 450939 UNIT: Mack Truck

Last Name: Behm First Name: Colleen Middle:

Address: 216 Halsey Ave, Reading, PA 19609

Dues Record Information

Year: 2021 Type of Dues: Regular Dues UNIT: Mack Truck

Month	Dues	Refund
Jan	51.48	0.00
Feb	0.00	0.00
Mar	51.48	0.00
Apr	0.00	0.00
May	1.76	0.00
Jun	0.00	0.00
Jul	0.00	0.00
	0.00	0.00
Sep	0.00	0.00
Oct	0.00	0.00
Nov	0.00	0.00
Dec	0.00	0.00
TOTAL	104.72	0.00

UAW - 000014

JA000331

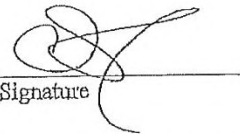


**Acknowledgement of Receipt and
Understanding of Company Policies**

I acknowledge that I have received copies of the Company Policies enumerated on this document on the date listed below. I further acknowledge that I have read, understand and will comply with the principles, guidelines and procedures set forth in each policy.

- 1) The Company Rules of Conduct
- 2) The Company Substance Abuse Policy
- 3) The Company Workplace Violence Policy
- 4) The Company Harassment Policy
- 5) The Company Attendance Policy

Additionally, I will sign the two (2) copies of this document, retain one for myself, and return one copy to the Company. I understand that this document will be retained in my personnel file.


Signature

01/02/18
Date

Colleen S. John
Print Name





Volvo Human Resources

United States Policies & Procedures

HR Center of Expertise:	Employee & Labor Relations	ORIGINAL ISSUE: 1/1/2006
SUBJECT:	Harassment	REVIEWED:
POLICY #:	WP-03	REVISED: 12/9/2013

PURPOSE To promote a common understanding and application of guidelines for prevention of harassment, and to establish guidelines for handling such concerns.

SCOPE This policy applies to non-employees on Company premises and all business associates and employees of the Company at all locations within the United States. The term "Company" shall refer to all U.S. Divisions/Business Areas.

POLICY

The Company is committed to providing a work environment that is free from harassment at all locations. In support of this commitment and with the goal of fostering mutual respect among all employees, and other business associates, we offer these guidelines for conducting our business in a manner that allows each employee and business associate to be productive without the presence or threat of intimidation or harassment. Accordingly, harassment of any employee or business associate, by any individual because of the employee's race, color, sex, gender, creed, religion, national origin, age, affectional or sexual orientation, gender identity or expression, marital status, disability, veteran status, citizenship status, genetic information or for any other reason, will not be tolerated on the job, on Company property, or at any Company-sponsored activity. Therefore, the Company expects that all relationships among persons in the workplace will be business-like and free of bias, prejudice or harassment.

Definitions

Harassment is defined as any unwelcome or unsolicited verbal, non-verbal, physical, or sexual conduct that:

- is made a term or condition of employment;
- is used as the basis for employment decisions; or
- creates an intimidating, hostile, or offensive working environment.

Verbal Harassment:

Any comment of an intimidating, aggressive, or intentionally offensive nature directed towards an employee's race, color, sex, gender, creed, religion, national origin, age, affectional or sexual orientation, gender identity or expression, marital status, disability, veteran status, citizenship status, genetic information or for any other reason. Examples of this form of harassment include remarks or offensive jokes that degrade and offend individuals.

Non-Verbal Harassment:

Any written, printed, published, posted, tangible or intangible record such as e-mail and inter- and intranet content of an intimidating, aggressive, or derogatory nature slanted towards an employee or associate of the Company regarding his/her race, color, sex, gender, creed, religion,

Volvo Human Resources

United States Policies & Procedures

national origin, age, affectional or sexual orientation, gender identity or expression, marital status, disability, veteran status, citizenship status, genetic information or for any other reason. Examples of this form of harassment include the distribution or display of cartoons, nude calendars, or other materials that are racist or sexually explicit in nature.

Physical Harassment:

Physical contact or gestures of an aggressive nature which create an intimidating, hostile, or offensive working environment. Examples of this form of harassment include inappropriate touching, hitting, pushing, or other unwelcome and/or aggressive physical contact or threats to take such actions.

Sexual Harassment:

Sexual harassment is defined as any unwelcome or unsolicited sexual advances, demands for sexual favors, or other verbal, non-verbal, or physical conduct such as uninvited touching of a sexual nature or sexually related comments, innuendoes, sexually suggestive comments, jokes of a sexual nature, sexual propositions, commentaries of a sexually graphic nature, or threats of a sexual nature, when:

- Submission to such conduct is an explicit or implicit condition of employment;
- Submission to or rejection of such conduct is used as the basis for employment decisions; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Examples of prohibited sexual conduct may include the following:

- **Verbal:** Unwelcome sexual advances, propositions or flirtation; offers of employment benefits in exchange for sexual favors; threatened or actual reprisals after a negative response to sexual advances; sexually explicit or graphic verbal comments about an individual's body, or sexually degrading words used to describe an individual.
- **Non-Verbal:** Leering or obscene gestures; display in the workplace of sexually suggestive objects, pictures or cartoons; making of suggestive or insulting sounds, writing of suggestive or obscene notes or letters.
- **Physical:** Unwanted physical contact including suggestive and offensive patting, pinching, or brushing against another.

Retaliation is Prohibited

The Company prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such allegations. Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will subject the retaliating party to disciplinary action.

Volvo Human Resources**United States Policies & Procedures****Procedure for Reporting Harassment**

Employees who have experienced conduct they believe is contrary to this policy have an obligation to take advantage of this complaint procedure. An employee's failure to satisfy this obligation could affect his or her legal rights in pursuing subsequent legal action.

Any employee or business associate who feels he/she has been harassed should immediately report such incident to his/her Human Resources Business Partner at the facility at which they are employed or to another senior manager/executive within the Company before the conduct becomes more severe and pervasive.

Employees should not feel hesitant or embarrassed about reporting harassment. The Company is dedicated to making sure that the work place is productive and free from harassing conduct. The Company can only achieve this goal if employees report and cooperate in the investigation of all possible violations of this policy.

Complaints may be made in writing or in person. In either case, the employee must be able to provide the name of the alleged offender(s); the date, location, and nature of the alleged violation, and the identity of any witnesses to the alleged violation.

The complaint file will be treated as highly private and confidential.

Procedure for Supervisors/Managers

Any member of management who receives a complaint of harassment should immediately contact Human Resources, who will then assume responsibility for handling the complaint. However, should a Human Resources representative not be available, or should the employee insist on an immediate discussion with the manager, the following procedure should be followed:

1. Listen carefully to the employee or third party making the complaint. Keep in mind it is not your role to judge whether the complaint is valid.
2. Ask the person making the complaint to document in writing and in their own words the incident and sign the document.
3. Assure the person making the complaint that the alleged incident will be reported immediately to the Human Resources Department and that the complaint will be handled in a timely and confidential manner.
4. Immediately report the incident to the Human Resources Department and turn over the documentation of the incident to Human Resources.
5. If violence is reported or threatened, report to security and/or contact appropriate authorities.
6. Maintain the confidentiality of the incident.
7. Cooperate and assist in any investigation as requested/directed by Human Resources and/or authorities.

Volvo Human Resources

United States Policies & Procedures

Investigations of Alleged Harassment

Validity of Allegations:

The Company recognizes that whether a particular action or incident is harassment can only be determined upon a review of the facts of the incident. Therefore, it is the Company's policy to investigate all harassment complaints promptly and thoroughly. To the fullest extent practicable, the Company will maintain the confidentiality of those involved. The Company will try to limit access to confidential information relating to the charge and investigation to those employees with a "need to know".

Good-Faith Allegations:

No retaliatory measures will be tolerated against any employee or business associate who makes a complaint of harassment in good faith. Nor will the Company release to a third party, or anyone within the Company who is not involved with the investigation, the content of such complaints or investigations. The purpose of this provision is to protect the confidentiality of the report, to encourage employees to report behavior believed to be harassment, and to protect the reputation of any employee or business associate who may be wrongfully accused of harassment.

False Allegations:

The Company recognizes that false accusations of harassment can have a serious effect on innocent individuals. After an investigation is conducted, if the Company determines that an allegation has not been made in good faith, it will take appropriate action against the party proceeding in bad faith, including discipline up to and including termination of employment.

Employee Appeal

If the employee is not satisfied with the resolution of the initial complaint, the employee may appeal the resolution of the complaint to any other impartial senior executive official within the Company.

Discipline

If an investigation confirms that harassment has occurred, the Company will take corrective action. Corrective action may include discipline up to and including immediate termination of employment.

Additionally, any retaliation against the employee filing the charge (other than any discipline imposed for filing a charge in bad faith) will be considered a violation of this policy and appropriate corrective action will be taken against the offending party.

Volvo Human Resources

United States Policies & Procedures

NOTES:

- 1) This policy does not confer any contractual right, either express or implied, to remain in the Company's employ. Nor does it guarantee any fixed terms and conditions of your employment.
- 2) Although the term "Company" is used collectively for purposes of this policy, as defined in the scope, the employee's employment relationship remains exclusively with their Division/Business Area.
- 3) The provisions of this policy may be revised without prior notice. Revised policies will be posted as quickly as is practicable.
- 4) Any statement, whether written or oral, that conflicts with anything contained in this policy is not the policy of the Company and is not binding upon the Company.



Issuer: Human Resources
Policy #: LVO-2018-01

Policy: Attendance
Effective Date: May 21, 2018

Purpose:

The Company expects and depends upon regular and punctual attendance of its employees and for employees to work through the duration of their scheduled shift. Regular and predictable attendance by each employee is essential to the successful operation of the business. Absenteeism adversely affects employee morale, quality, costs and ultimately the product and our customers.

The Company does understand that occasionally employees may be required to miss work, be tardy or leave work early for valid reasons. In order to balance these interests, the Company has established the following occurrence-based Attendance Policy. The guidelines for the Policy are simple: an employee is either at work or not at work; an employee is either on time or not on time, and an employee either leaves early or does not leave early.

Scope:

This Policy will apply to all Macungie Shop Bargaining Unit employees who have acquired seniority pursuant to Article 6 of the 2016 Master Agreement.

Call-Off Procedure:

If an employee expects to be absent for their scheduled shift the employee is required to call into the designated call-off line (610-966-8873) as soon as practicable, but in no event later than one (1) hour prior to the employee's scheduled shift start time. If an employee cannot report to work punctually, and is going to be 30 minutes or more late for their scheduled shift, the employee is required to call into the designated call-off line as soon as possible, but in no event later than the employee's scheduled shift start time. The designated call-off line will be the only acceptable method of calling off. Messages left with a co-worker or Supervisor will not be accepted as a valid call-off under this Policy. When calling off, you will need to provide your first and last name, SAP number, work area and shift. Further, employees are required to call into the call-off line for each day they are absent unless the employee is on a Company-approved leave of absence. Failure to comply with this call-off procedure will result in the accumulation of a quarter (0.25) point, which will be assessed in addition to the points associated with the absence or tardy. The purpose of this procedure is to provide the Company with adequate time to develop an operating plan in reaction to the employee's absence or tardy.



Definitions:

Absence: An absence is defined as a failure to report to work for a scheduled shift.

Tardy: A tardy is defined as having clocked in one (1) minute or more after an employee's scheduled start time.

Early Quit: An early quit is defined as leaving work early with notification to the employee's supervisor, prior to the end of the employee's scheduled shift. An employee who leaves work early without notifying his/her supervisor may be subject to disciplinary action under the Mack Trucks Rules of Conduct in addition to the points associated with the occurrence.

Exceptions:

Absences, tardies and early quits that are scheduled and approved by an appropriate member of Management within the employees Department do not fall within the scope of the Attendance Policy. In order to be approved, the planned time-off must be requested at least one (1) business day in advance. For example: An employee desiring to be off from work on a Friday must make his/her request no later than the end of the employee's scheduled shift on the preceding Thursday. However, a timely request for approved time-off does not guarantee that the request will be approved. Requests for time-off should be made as far in advance as possible. Furthermore, all legal and contractual absences including, but not limited to, vacations, holidays, union business leave, military leave, jury duty, bereavement leave, FMLA, disability leave, A&S, workers compensation leave, etc. are NOT subject to the Attendance Policy.

Please note, in accordance with the Company's FMLA and disability accommodation policies, employees who are absent, tardy, or who must leave work early (early quit) as a result of an approved FMLA leave or disability accommodation, will not receive occurrences so long as they comply with the notification procedures set forth herein, and with the approval process for such absences.



Points:

Points will be assessed based on the criteria outlined below:

Occurrence	Points
Tardy < 2 Hrs	0.5
Early Quit < 2 Hrs	0.5
Tardy - 2 Hrs or more	1
Early Quit - 2 Hrs or more	1
Absence (Full-day)	1

Employees who are absent, tardy or leave early (early quit) as a result of a medical condition, injury or illness may submit documentation from a medical provider, specifying the reason for the absence and the date(s) and/or time(s) on which the employee was unable to work. Such medical documentation may only be presented to the Human Resources Department. Upon review of the information provided, if the absence, tardiness, or early departure (early quit) is deemed to be covered by FMLA and/or the result of a reasonable accommodation provided to the employee, it shall not count as an occurrence and may be excused as provided in the "Exceptions" section above.

If you are out multiple days and you have doctor's note covering the days out, the employee will only receive one (1) point for the entire absence. If no doctor's note is provided a point will be initiated for each day out.



Corrective Action:

The steps of corrective action for accumulation of points are as follows: **ALTHOUGH THESE STEPS ARE INTENDED TO BE USED PROGRESSIVELY, ANY ONE OF THEM MAY BE SKIPPED AS CIRCUMSTANCES WARRANT WHEN AN EMPLOYEE IS ACCUMULATING POINTS.**

Progressive Level	Points Accumulated	Corrective Action
Step 1	5	Informal documented discussion
Step 2	6	Formal documented discussion
Step 3	7	1-day unpaid suspension
Step 4	8	Discharge

Accumulated points will expire after aging for one (1) year and, therefore, will not be taken into consideration for disciplinary purposes.

Example: If an employee accumulates one (1) point on January 2, 2018, one (1) point on January 4, 2018, one (1) point on January 8, 2018, one (1) point on January 10, 2018 and one (1) point on January 15, 2018 he will be subject to an informal documented discussion for having accumulated five (5) points..

Perfect Attendance:

6 months of perfect attendance results in the removal of 1 point. If you have 6-months of perfect attendance and used no points you can earn 1 additional point. Employees cannot have more than 9 points in their allotment of points.

Perfect attendance will be calculated on a 6-month calendar year as listed below:

2018	July 1, 2018 through December 31, 2018
2019 forward	<ul style="list-style-type: none"> January 1 through June 30 July 1 through Dec 31



Perfect Attendance: An employee will be considered to have Perfect Attendance if his only time away from work is due to Holidays, scheduled and approved daily and weekly vacation, periods of temporary layoff or vacation shutdown.

It is the employee's responsibility to keep informed of the points he/she has accumulated. If an employee has a question concerning the amount of points they accumulated, they must see their supervisor to obtain that info.

Severe Weather:

As long as the Lehigh Valley work sites are open and the employee is scheduled to work, s/he is expected to adhere to this Attendance Policy. A Lehigh Valley work site may be closed only when one of the following occurs:

- The State of Pennsylvania has declared a State of Emergency due to severe weather affecting Lehigh County. Please refer to www.wfmz.com/weather in order to find the latest alerts issued by the Pennsylvania Emergency Management Agency.
- Upon notice from the Company to employees at the discretion of the Vice President and General Manager or his designee.

In addition, if an employee resides in a county that is experiencing a State of Emergency due to severe weather and the Lehigh Valley work sites are still open, the employee will have any absences or tardies for the day(s) in question excused.

Supplemental:

Employees must complete and submit a Request for Manual Time Entry Form to the Human Resources Department on any day that they are unable to record their actual entry and/or departure time due to an inoperable or lost badge/time card.

Pers. No.	450939	Pers.Assign	450939 00450939 US45 1
Name	Colleen Behm		
EE group	1 Permanent	Personnel ar	G911 Macungie, PA LVO
EE subgroup	UR Hourly Union	SSN	188-70-4810
Choose	01/01/1800	to	12/31/9999

Start Date	End Date	Act.	Action Type	ActR	Reason for action	C...	E
03/04/2020	12/31/9999	31	LOA - Active	U6	STD/A&S	3	3 ^
02/17/2020	03/03/2020	02	Org. reassignment within...UA		Manpower Movement	3	3 v
12/09/2019	02/16/2020	92	Return from leave of abs...02		Return From Temp Lay...	3	3
12/09/2019		02	Org. reassignment within...UA		Manpower Movement		
12/02/2019	12/08/2019	31	LOA - Active	UC	Temp Lay-off: Involuntar...	3	
09/06/2019	12/01/2019	92	Return from leave of abs...01		Return	3	
05/13/2019	09/05/2019	31	LOA - Active	U6	STD/A&S	3	
03/11/2019	05/12/2019	02	Org. reassignment within...UA		Manpower Movement	3	
02/27/2019	03/10/2019	02	Org. reassignment within...UA		Manpower Movement	3	
01/21/2019	02/26/2019	92	Return from leave of abs...01		Return	3	
12/05/2018	01/20/2019	31	LOA - Active	U6	STD/A&S	3	
11/19/2018	12/04/2018	02	Org. reassignment within...UA		Manpower Movement	3	
11/16/2018	11/18/2018	92	Return from leave of abs...01		Return	3	
08/13/2018	11/15/2018	31	LOA - Active	U6	STD/A&S	3	
05/21/2018	08/12/2018	02	Org. reassignment within...UA		Manpower Movement	3	
01/08/2018	05/20/2018	02	Org. reassignment within...UA		Manpower Movement	3	
01/02/2018	01/07/2018	01	Hiring	01	Expansion	3	





Name of Employee or Applicant	Current Date	Number of hours	Wage Type L	Cost Center (Techn.)	Cost Center	Work schedule rule text
Colleen Behm	3/30/2018	8.00	Holiday	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	5/28/2018	8.00	Holiday	41252	Cab Assembly -C C01	Shift 1F - 6:45 to 14:45
Colleen Behm	7/4/2018	8.00	Holiday	41252	Cab Assembly -C C01	Shift 1F - 6:45 to 14:45
Colleen Behm	9/3/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	11/22/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	11/23/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	12/24/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	12/25/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	12/26/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	12/27/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	12/28/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	12/31/2018	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	1/1/2019	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	1/21/2019	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	4/19/2019	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	5/27/2019	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	9/2/2019	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	11/11/2019	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	11/28/2019	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	11/29/2019	8.00	Holiday	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	12/24/2019	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	12/25/2019	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	12/26/2019	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	12/27/2019	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	12/30/2019	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	12/31/2019	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	1/1/2020	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	1/20/2020	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	7/4/2020	8.00	Holiday	41222	CONV. CAB1/Sleeper	Shift 2E - 15:15 to 23:15
		232.00	Holiday			
		232.00				
Colleen Behm	1/2/2018	8.00	Regular	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	1/3/2018	8.00	Regular	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	1/4/2018	8.00	Regular	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	1/5/2018	8.00	Regular	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	1/8/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/9/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/10/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/11/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/12/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/16/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/17/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/18/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/19/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/22/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/23/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/24/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/25/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/26/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/29/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	1/30/2018	8.00	Regular	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45

[illegible]

[illegible]

JA000347

[illegible]

[illegible]

Colleen Behm	1/23/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	1/24/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	1/27/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	1/29/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	1/30/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	1/31/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/3/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/4/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/5/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/6/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/7/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/10/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/11/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/12/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/13/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 1F - 6:45 to 14:45
Colleen Behm	2/17/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 2E - 15:15 to 23:15
Colleen Behm	2/18/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 2E - 15:15 to 23:15
Colleen Behm	2/19/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 2E - 15:15 to 23:15
Colleen Behm	2/24/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 2E - 15:15 to 23:15
Colleen Behm	2/28/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 2E - 15:15 to 23:15
Colleen Behm	3/3/2020	7.90	Regular	41222	CONV. CAB1/Sleeper	Shift 2E - 15:15 to 23:15
Colleen Behm	3/4/2020	2.20	Regular	41222	CONV. CAB1/Sleeper	Shift 2E - 15:15 to 23:15

		2,453.60	Regular			
		2,453.60				

Colleen Behm	2/6/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	2/8/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	2/13/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	2/15/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	2/22/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	2/24/2018	5.30	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/1/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/6/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/8/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/12/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/13/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/14/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/15/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/20/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	3/22/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	4/7/2018	8.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	4/13/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	4/17/2018	1.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	4/24/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	5/3/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	5/10/2018	2.00	Overtime	41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45
Colleen Behm	6/1/2018	2.00	Overtime	41252	Cab Assembly -C C01	Shift 1F - 6:45 to 14:45
Colleen Behm	6/5/2018	1.00	Overtime	41252	Cab Assembly -C C01	Shift 1F - 6:45 to 14:45
Colleen Behm	6/7/2018	1.00	Overtime	41252	Cab Assembly -C C01	Shift 1F - 6:45 to 14:45
Colleen Behm	3/5/2019	1.00	Overtime	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	3/7/2019	1.00	Overtime	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	3/12/2019	1.00	Overtime	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	3/13/2019	1.00	Overtime	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	3/14/2019	1.00	Overtime	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	4/6/2019	4.00	Overtime	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45
Colleen Behm	5/6/2019	8.00	Overtime	41222	Cab Assembly - L CB1	Shift 1F - 6:45 to 14:45

		71.30	Overtime			
		71.30				
Colleen Behm	3/5/2018	2.00	Double Time 41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45	
Colleen Behm	3/26/2018	2.00	Double Time 41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45	
Colleen Behm	4/9/2018	2.00	Double Time 41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45	
Colleen Behm	4/15/2018	5.00	Double Time 41258	Engn Grm Line EG 2nd	Shift 1F - 6:45 to 14:45	
		11.00	Double Time			
		11.00				
		2,767.90				

Life Event Change Form

This form must be completed and returned to the HRSC within 31 days of a qualified life event for your coverage elections to change.

First Name	Colleen	MI	S	Last Name	John
SSN	188 70 4810	Date of Birth	05/22/89	Effective Date of Life Event Change	7/7/18
New Name (name change only)					
Reason for Name Change					

I certify that I have had a Life Event Change as described below (check one). Please provide copies unless otherwise indicated:

- ☒ * Marriage (provide marriage certificate)
- ☐ * Divorce or Legal Separation (provide divorce decree or Court's order of separation)
- ☐ * Name Change (provide copy of social security card showing new name)
- ☐ * Birth or adoption of child (provide birth certificate or adoption decree)
- ☐ * Death of spouse and/or child (provide certified death certificate)
- ☐ * Spouse's employment/termination of employment (provide HIPAA notice or spouse's confirmation of benefit enrollment from employer.)
- ☐ * Employee or Spouse's transfer to a non-eligible employment classification (provide HIPAA document)
- ☐ * A child or children became ineligible for continued health care coverage due to a change in age

New address

- ☐ * Address change out of medical plan service area.

Other

- ☐ * Explanation _____

NOTE:

This form must be submitted within 31 days of your life event change even if you do not yet have the proof documents.

It is your responsibility to provide proof that your dependents are eligible for coverage.

Your changes remain pending until all required documentation is received.

HRSC will review documentation once received. Failure to provide support documentation will cancel your request.



Last update
20/09/2016

Dependent Information Next Page

Page 1 of 2

If Life Change Event request is to add/drop a dependent, please complete the following items describing the details of your Life Event Change: (complete for each dependent - attach a separate sheet if necessary)

Dependent(s) Information

First Name MI Last Name

SSN Date of Birth ☐ Male ☐ Female

Relationship ☐ Child ☐ Step-Child ☐ Spouse

Is Dependent Employed? ☐ Yes ☐ No Is Dependent covered under another Medical, Dental and/or Vision plan? ☐ Yes ☐ No
Please check one:

☐ Add indicated dependent(s) to current health plan coverage (medical/prescription, dental or vision)

☐ Delete indicated dependent(s) from current health plan coverage (medical/prescription, dental or vision)

First Name MI Last Name

SSN Date of Birth ☐ Male ☐ Female

Relationship ☐ Child ☐ Step-Child ☐ Spouse ☐ Sponsored Dependent

Is Dependent Employed? ☐ Yes ☐ No Is Dependent covered under another Medical, Dental and/or Vision plan? ☐ Yes ☐ No
Please check one:

☐ Add indicated dependent(s) to current health plan coverage (medical/prescription, dental or vision)

☐ Delete indicated dependent(s) from current health plan coverage (medical/prescription, dental or vision)

First Name MI Last Name

SSN Date of Birth ☐ Male ☐ Female

Relationship ☒ Child ☐ Step-Child ☐ Spouse ☐ Sponsored Dependent

Is Dependent Employed? ☐ Yes ☐ No Is Dependent covered under another Medical, Dental and/or Vision plan? ☐ Yes ☐ No
Please check one:

☐ Add indicated dependent(s) to current health plan coverage (medical/prescription, dental or vision)

☐ Delete indicated dependent(s) from current health plan coverage (medical/prescription, dental or vision)

Enrollment Form: Additional coverage options

☐ Please Add or Delete as indicated above

☐ Please Generate an Enrollment form for additional coverage options (Supplemental Life or ADD coverages and/or Flexible Spending Account)

Signature of Employee

Date

Last update
20/09/2016

Return this form to the HRSC mailstop CC 2/38
Fax: 1-336-393-3607 Email: hrsc@volvo.com

Page 2 of 2

First Name Colleen MI S Last Name Behm
SSN 188-70-4810 Date of Birth 05/22/81 Effective Date of Life Event Change May 11, 2019
New Name (name change only) Reason for Name Change

☐ * Marriage (provide marriage certificate)
 • Is your spouse a Volvo employee? ☐ Yes ☐ No

☒ * Divorce or Legal Separation (provide divorce decree or Court's order of separation)
 • Is your spouse a Volvo employee? ☐ Yes ☐ No

☐ * Name Change (provide copy of social security card showing new name)

☐ * Birth or adoption of child (provide birth certificate or adoption decree)

☐ * Death of spouse and/or child (provide certified death certificate)

☐ * Spouse's employment/termination of employment (provide HIPAA notice or spouse's confirmation of benefit enrollment from employer.)

☐ * Employee or Spouse's transfer to a non-eligible employment classification (provide HIPAA document)

☐ * A child or children became ineligible for continued health care coverage due to a change in age

☐ * Explanation

HRSC will review documentation once received. Failure to provide support documentation will cancel your request.



JA000354

If Life Change Event request is to add/drop a dependent, please complete the following items describing the details of your Life Event Change(s) (complete for each dependent – attach a separate sheet if necessary)

Dependent(s) Information

First Name Corey MI L Last Name Behm
 SSN 188-76-7858 Date of Birth 05/12/87 ☒ Male ☐ Female
 Relationship ☐ Child ☐ Step-Child ☒ Spouse
 Is Dependent Employed? ☒ Yes ☐ No Is Dependent covered under another Medical, Dental and/or Vision plan? ☒ Yes ☐ No
 Please check one:
☐ Add indicated dependent(s) to current health plan coverage (medical/prescription, dental or vision)
☒ Delete indicated dependent(s) from current health plan coverage (medical/prescription, dental or vision)

First Name MI Last Name
 SSN Date of Birth ☐ Male ☐ Female
 Relationship ☐ Child ☐ Step-Child ☐ Spouse ☐ Sponsored Dependent
 Is Dependent Employed? ☐ Yes ☐ No Is Dependent covered under another Medical, Dental and/or Vision plan? ☐ Yes ☐ No
 Please check one:
☐ Add indicated dependent(s) to current health plan coverage (medical/prescription, dental or vision)
☐ Delete indicated dependent(s) from current health plan coverage (medical/prescription, dental or vision)

First Name MI Last Name
 SSN Date of Birth ☐ Male ☐ Female
 Relationship ☒ Child ☐ Step-Child ☐ Spouse ☐ Sponsored Dependent
 Is Dependent Employed? ☐ Yes ☐ No Is Dependent covered under another Medical, Dental and/or Vision plan? ☐ Yes ☐ No
 Please check one:
☐ Add indicated dependent(s) to current health plan coverage (medical/prescription, dental or vision)
☐ Delete indicated dependent(s) from current health plan coverage (medical/prescription, dental or vision)

Enrollment Form: Additional coverage options

- ☒ Please Add or Delete as Indicated above
☐ Please Generate an Enrollment form for additional coverage options (Supplemental Life or ADD coverages and/or Flexible Spending Account)

Signature of Employee

Date

October 8, 2019

Last update
01/28/2019
Page 2 of 2

Return this form to the HRSC mailstop CC 2/38
 Fax: 1-336-393-3607 Email: hssc@volvo.com



Notice of Formal Documented Discussion
- Attendance Policy-

Subject: Meeting with Colleen John
 SAP#: 450939
 Department: Production
 Classification: Cab Assembly
 Shift: 1
 Regarding: Step 2 Formal Documented Discussion – 2018 Attendance Policy
 Date: July 24, 2018
 Time: 1:30pm
 Location: HR Office
 Meeting Participants: Kaitlyn O'Neill, Carl Kerchner

On July 24, 2018 a meeting was held with Colleen John to notify her that she has accumulated 6.25 points and has reached the Formal Documented Discussion and Interventional level as contained in the Corrective Action section of the 2018 Attendance Policy. The following occurrences were reviewed with him/her:

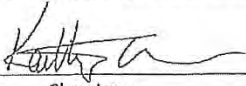
Absence Code	Date	Hours	Points
Absent Unexcused Notice	4/25/2018	8	1
Absent Unexcused Notice	5/25/2018	8	1
Absent Unexcused Notice	7/6/2018	8	1
Absent Unexcused No Notice	7/9/2018	8	1.25
Early Quit Unexcused	6/25/2018	3.7	1
Early Quit Unexcused	4/24/2018	6	1
			6.25

ded give notice

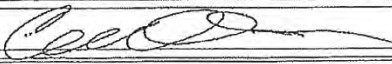
Colleen John stated that she was still in her 90 days during the 4/25/18 absence. 5/25/18 stated it was child care issue. 7/6/2018- 7/9/2018 it was her wedding but during that time she had gotten moved to 2 different areas – gave notice to both Carolina and Jeff Townsend – Tim Newman was made aware as well. April 24 – still on 90 day probation. 6/25 – child care emergency.

As a general reminder, the Company offers an Employee Assistance Program (EAP) that can be confidentially reached to assist you at 1-800-395-1616. Also, please keep in mind that if you encounter additional difficulties with matters which affect your attendance you are encouraged to contact me, your Union Rep or supervisor as quickly as possible so that we can work together to address them.

Regular attendance is essential to performing your position in a satisfactory manner and to the efficient operation of the business. We expect to see immediate and sustained improvement in your attendance.


 Name _____ Signature _____ Date 7/24/18



Notice of Disciplinary Action			
Date of Notice: 07/24/2018			
Employee Name: Colleen John		SAP/Badge #: 450939	
Job Classification: Production Tech	Department: 10013536	Shift: 1st	
Supervisor Name: Carolina O'Connor			
Infraction: Conduct - Work Rule #2 - Leaving assigned work area during work hours without permission			
Progressive Discipline Step			
<input checked="" type="checkbox"/> Verbal Reminder <input type="checkbox"/> Written Reminder <input type="checkbox"/> Written Warning <input type="checkbox"/> Disciplinary Layoff (Days) <input type="checkbox"/> Discharge <input type="checkbox"/> Other			
If other, explain:			
<p>Description of Misconduct: The imposed disciplinary action will serve to confirm that you have been notified of your unacceptable behavior on 7/19/18 - Leaving assigned work area during work hours without permission.</p> <p>The company requires and depends upon full accountability of its employees and for employees to remain on the production line to work through the duration of their scheduled shift. If any employee needs to leave the line during scheduled production time they need to report directly to a Supervisor. It is essential for the company to know your location in the event of an emergency and to maintain proper coverage on the line in your absence for safe and efficient operation of the business. Your choice to leave the line and not return before end of day without proper notice has resulted in this disciplinary action. Moving forward, I expect you to report to a Supervisor need to leave the line for non-emergency related activity. Please be advised that further violations of inappropriate behavior will result in further discipline up to and including discharge.</p>			
Effective: 12:38PM	7/24/18	Return to Work: 12:45PM	7/24/18
Time	Date	Time	Date
Management Signature: 			
Employee Signature: Decline to Sign			
*By signing, you acknowledge receipt of a copy of this notice.			
Place original in personnel file. Provide copy to: Employee, UAW Representative, Labor Relations, Supervisor			

CLP/LR-11.10.2010

Behm v. Mack Trucks, et al.

MACK0045



JA000357



Notice of Disciplinary Action

Date of Notice: 3/8/19

Employee Name: Colleen John Behn

SAP/Badge #: 450939

Job Classification: Production Flex

Department: 223

Shift: 1st

Supervisor Name: Zachary Maurer

Infraction: Work Rule #2

Progressive Discipline Step

☐ Verbal Reminder

☒ Written Reminder

☐ Written Warning

☐ Disciplinary Layoff (

Days)

☐ Other

If other, explain:

Description of Misconduct: Colleen was not in her work area (Cab 1 VT 2) for the last hour of the day. Colleen has been disciplined for the same infraction on 7/24/18. Any further incidents of this nature can and will result in further disciplinary action up to and including termination.

Effective:

Time

Date

Return to Work:

Time

Date

Management Signature: *[Signature]*

3/8/19

Employee Signature: *[Signature]*

Employee refused to sign

3/8/19

6:53 PM

*By signing, you acknowledge receipt of a copy of this notice.

Place original in personnel file. Provide copy to: Employee, UAW Representative, Labor Relations, Supervisor

CLW/LR-11.10.2010



Behn v. Mack Trucks, et al.

MACK0057

JA000358



MACK TRUCKS, INC.
LEHIGH VALLEY OPERATIONS

Date: 3/3/2020

SAP: 450939

Dear Colleen Behm,

Per Policy #: LVO-2018-01, Attendance Policy, the Company expects and depends upon regular and punctual attendance of its employees and for employees to work through the duration of their scheduled shift. Regular and predictable attendance by each employee is essential to the successful operation of the business. Absenteeism adversely affects employee morale, quality, costs and ultimately the product and our customers.

The steps of corrective action for accumulation of points are as follows:

Progressive Level	Points Accumulated	Corrective Action
Step 1	5	Informal documented discussion
Step 2	6	Formal documented discussion
Step 3	7	1-day unpaid suspension
Step 4	8	Discharge

**ALTHOUGH THESE STEPS ARE INTENDED TO BE USED PROGRESSIVELY, ANY ONE OF THEM MAY BE SKIPPED AS CIRCUMSTANCES WARRANT WHEN AN EMPLOYEE IS ACCUMULATING POINTS.*

At this time, you have accumulated 8 points which shows a pattern of ongoing attendance issues.

Below is a list of your points by date:

Absence Code	Date	Hours	Points
Absent Unexcused Notice	10/3/2019	8	1
Absent Unexcused Notice	1/16/2020	8	1
Absent Unexcused Notice	1/28/2020	8	1
Absent Unexcused Notice	2/14/2020	8	1
Absent Unexcused Notice	2/20/2020	8	1
Absent Unexcused Notice	2/25/2020	8	1
Absent Unexcused Notice	3/2/2020	8	1



Behm v. Mack Trucks, et al.

MACK0076

JA000359

Total			6
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Check Corrective Action Step:

Step 1	5	Informal documented discussion
Step 2	6	Formal documented discussion
Step 3	7	1-day unpaid suspension
Step 4	8	Discharge

Although, we do not doubt the legitimacy of your absences, it was explained in great detail the regular, predictable and punctual attendance is an essential element of your position and the employer-employee relationship.

The Company offers an Employee Assistance Program (EAP) that can be confidentially reached to assist you at 1-877-240-6863. This is strictly voluntary. A pamphlet regarding the EAP's services is also enclosed.

We expect immediate and sustained improvement in your attendance or it could result in further corrective action including termination of employment.

Sincerely,

Kaitlyn O'Neill – HRBP

Co. Kevin Meekes- Gibbons

Employee Signature



Mack Trucks, Inc.
Macungie Assembly Operations
7000 Alburdis Road
Macungie, PA 18062-9631
Phone: 610-966-8083

Name: Colleen John SAP: 450989 Date: 8/13/18

We are sorry to hear that you are ill and want to wish you a speedy recovery. If there is anything we can do to help you medically, please do not hesitate to contact the dispensary at 610-966-8878.

Please note that any Accident & Sickness benefits in conjunction with lost time from work will only be processed if your absence is approved by an MD, DO, DDS, DPM or Psychiatrist. Any other practitioner(s) will not be accepted, which includes a Nurse Practitioner and/or Physician's Assistant.

In order for your claim to be processed efficiently, the Short Term Disability Benefits Claim Form enclosed, must be filled out completely, signed by an M.D. and faxed to the Mack Macungie HR office, 610-966-8950, or it may cause a delay in your payment of benefits.

Please note that it is your responsibility to provide HR with a copy of your return to work release upon returning to work. If you do not have this release with you, we will NOT be able to return you to work until that release is obtained. The work release should state the effective date of return with or without restrictions. If there are any restrictions attached to your release, they need to be as specific and as detailed as possible. Please be certain to convey this to your treating physician.

As a reminder, under the contract (Master Contract, Article 1- Section 27(c)(3)), FMLA runs concurrent with six weeks (up to 240 hours) of accident and sickness benefits. An FMLA Certification of Health Care Provider for Employee's Serious Health Condition is enclosed. Your doctor should complete the attached form and return it to our office with 15 days.

FMLA RETURN DATE: 8/28/18
(15 days from receipt of A&S/FMLA request)

Once again, we wish you a speedy recovery. If you should have any questions or concerns, please do not hesitate to call me at 610-966-8083.

Sincerely,

Angela Pursell
Macungie Human Resources

/attachments



SHORT TERM DISABILITY BENEFIT CLAIM FORM

ANY ATTEMPT TO ALTER, MISLEAD OR FALSIFY REQUESTED INFORMATION WILL RESULT
IN SEVERE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION

PART A

EMPLOYEE'S STATEMENT

All Questions Must Be Completed by Employee - Claim Form Must Be Returned By: 8/28/18

Full Name <u>Colleen Sara John</u>	Badge# <u>450939</u>	Social Security Number <u>1981 7014810</u>	Date of Birth <u>05/22/89</u>
Address Street <u>608 Main St.</u>		City or Town <u>Blandon</u>	State <u>PA</u>
Zip <u>19510</u>			
If accident occurred, give Date <u>08/07/18</u> 20 <u>AM</u> PM	Is the accident or injury due to your employment with the Company? <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If "Yes", give full particulars in space provided below, or on separate sheet.			
Is the sickness or injury due to your employment with another employer? <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes", give full particulars below.			
Were you employed by another employer (full or part-time) when disability commenced? <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes", give full particulars below and name of employer.			
First day you did not perform any portion of your work for because of disability: 20 <u>AM</u> PM	Date you were first treated by physician for present disability: 20 <u>AM</u> PM		If physician has occurred, give date: 20 <u>AM</u> PM

AUTHORIZATION TO RELEASE INFORMATION

To all physicians and other medical professionals, hospitals and other medical care institutions, and to pharmacy, medical or hospital services and prepaid health plans, employees and group policyholders, contractholders or health plan administrators. You are authorized to provide the Company with information concerning medical care, illness, treatment or supplies provided the patient, and any other employment related information regarding the patient. THIS INFORMATION WILL BE USED FOR THE PURPOSE OF EVALUATING AND ADMINISTERING CLAIMS FOR BENEFITS AND MAY BE REDISCLOSED TO AN INDEPENDENT CLAIMS ADMINISTRATOR OR AGENCY ACTING ON THE BEHALF OF THE COMPANY AND TO ANY COMPANY WORKERS' COMPENSATION CARRIERS FOR THE PURPOSE OF EVALUATING A WORKERS' COMPENSATION CLAIM. I understand that the duration of this authorization is for the term of coverage of the policy or contract under which a claim for health benefits has been submitted. I understand that I have a right to receive a copy of this authorization upon request. I agree that a photocopy of this authorization is as valid as the original. If I receive a disability benefit payment greater than that which should have been paid, I understand that the Company has the right to recover such overpayment from me, including the right to require future disability benefits, if any, or to recover such overpayment by withholding monies from any Company compensation that would otherwise be due to me.

Aug. 13, 2018
Date

Employee's Signature

ANY EMPLOYEE WHO ENGAGES IN GAINFUL EMPLOYMENT WHILE ON A SICK LEAVE MAY BE
SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

IMPORTANT - Attending Physician must complete reverse side of this form.

** Procedure upon return from sick leave **

If you are returning to work with medical restrictions, you must report to the Medical Department for placement. If you return without medical restrictions, please forward your work release to your Supervisor and the Human Resources Service Center.

PART B

EMPLOYER'S STATEMENT

Full Name of Employee		Social Security Number	
Employee's Date of Hire	Was employee in error when disability began? <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/>	Occupation	
Was employee laid off or was lay off completed prior to beginning of this disability? <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "Yes" give date	Did the sickness or injury arise out of the Employer's employment? <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "Yes" give reasons in space provided below why Workers' Compensation is not payable. Employee must complete this statement & present it.
Are there any circumstances which would cause you to question the validity of the claim? <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "Yes" give reasons in space provided below	Hourly rate or monthly salary	Amount of weekly A & S benefit
Has Employee withholding election for Federal taxes (A-E, M-1)	Has Employee paid during sick leave	List number of Quarters sick days used this year	
Date Employee was first absent from work in present disability: 20 <u>AM</u> PM	Date work was resumed: 20 <u>AM</u> PM		
Date <u>20</u> Employer Representative			
Additional Space For Employee/ Employer Use (Attach additional sheets for more information)			

"Notices to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts."

PART C ATTENDING PHYSICIAN'S STATEMENT - ONLY THE DOCTOR CAN COMPLETE THIS PORTION
TO THE ATTENDING PHYSICIAN: Your patient has applied for or may be eligible for weekly disability income benefits. Your answers to the questions below will result in determining if these benefits are payable. Please answer ALL applicable items, otherwise the form will be returned to you for additional information.

1. PATIENT'S FULL NAME <u>Colleen Sara John</u>		IF PREGNANCY, APPROXIMATE DATE COMMENCED: DATE: _____	
2. DIAGNOSIS AND CONCURRENT CONDITIONS <u>MBG, 8x1 pain of 1st clavicle</u>		DATE: _____	
CORRESPONDING ICD-9 CODE: <small>*ICD-9 - International Classification of Diseases</small>		4. IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? <u>X</u> Yes <u> </u> No	
3. a. Was surgery performed? <u>Yes</u> <u>X</u> No <u> </u> b. Type of Surgical Procedure: <u>Not after re-injury 8/7/18</u> c. Date of surgery: <u>N/A</u>		6. DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED: If Date Appeared Date: <u>8/7/18</u> If Accident, Describe Nature of Accident: <u>Fell on Cruise</u>	
5. DATE PATIENT WAS FIRST EXAMINED BY YOUR FOR THIS CURRENT CONDITION: DATE: <u>8/13/18</u>		7. WAS PATIENT HOSPITALIZED? <u>Yes</u> <u>(X)</u> No <u> </u> If Yes: Date Admitted: _____ Date Discharged: _____ Name of Hospital: _____	
7. DATES OF SERVICE IN DOCTOR'S OFFICE OR HOSPITAL AFTER FIRST DATE EXAMINED (If not applicable, state "NONE") DATE: <u>N/A</u>		11. IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? <u>X</u> Yes <u> </u> No <u> </u> If "NO", Explain: _____ HAS PATIENT BEEN REFERRED TO ANOTHER PHYSICIAN? Yes <u> </u> No <u>X</u> If "YES", Date of Referral: _____ Name of Physician: _____	
8. PATIENT'S NEXT SCHEDULED APPOINTMENT IS: DATE: <u>9/6/18</u>		12. WAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <u> </u> Yes <u>X</u> No <u> </u> If "YES" state date condition and date: _____	
10. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <u> </u> Yes <u>X</u> No <u> </u> If "YES" state date condition and date: _____		13. WAS PATIENT PARTIALLY DISABLED? (If you are completing this form, please list specific conditions in the "Remarks" Section below along with the estimated duration of the condition.) IF YES, FROM _____ TO _____	
12. WAS PATIENT CONTINUOUSLY TOTALLY DISABLED AND UNDER YOUR CARE? <u>X</u> Yes <u> </u> No <u> </u> IF YES, FROM <u>8/13/18</u> TO <u>8/27/18</u>		14. IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK. An approximate date must be specified. Regular work - Date: <u>8/27/18</u> Modified work (see No. 15) - Date: _____	
15. ATTENTION: ATTENDING PHYSICIAN If you are releasing an employee to return to work, and that employee continues to have a medical condition which would prevent or restrict his/her performance of regular work assignments, we request that you clearly identify on this <u>Adjusted and Sickness</u> form: (1) Any medical restrictions and/or specific limitations applicable to the employee. (2) Any type of work the employee is able to perform. (3) Any type of work the employee is unable to perform. If you have any questions regarding this request or the scope of job functions please contact the Human Resources Services Center.			
Attending Physician Remarks (Use additional sheet if necessary): <u>8/16/18 Craig O'Neill</u> <u>Craig O'Neill</u> MD DATE PHYSICIAN'S NAME (Print) SIGNATURE DEGREE <u>301 S. 7th Ave Suite 320 West Redwood</u> <u>PA</u> <u>1960</u> STREET ADDRESS CITY OR TOWN STATE ZIP CODE <u>120, 376-8671</u> <u>WAID, 376-6387</u>			
If assistance is needed in completing this form, please contact: Angela Fursell 1-610-966-8083 or Fax 1-610-966-8950 RETURN THIS COMPLETED FORM TO: Angela Fursell, Mack Trucks, Inc 7000 Alburts Road Allentown, PA 18106			

Plaintiff 000328

UNP-71 0107 07 000

JA000363

REIMBURSEMENT AGREEMENT

To: Mack Trucks, Inc. Or An Insurance Carrier Acting On Its Behalf

With respect to the weekly disability benefit payments made to me by you in connection with my claim dated 8/13/18, provided by my employer, Mack Trucks, Inc., and in accordance with Appendix B, Article II, Section 4(g), I understand that the amount of such benefit for any week or partial week of disability shall be reduced, if applicable, by the amount of benefit payments received for such week or partial week from Workers' Compensation and/or any Occupational Disease Law or Act which provides benefits for the time lost from work due to disability.

If I am awarded any or all of the benefits enumerated above for any week or partial week for which you have paid me a disability benefit, I agree to repay, in full and in one payment, upon receipt of such award monies, the amount by which the sum of:

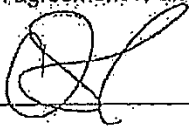
- (1) Payments received from any or all of the benefits sources enumerated above, and
- (2) Salary Continuation and/or Accident and Sickness benefit payments made by you

exceeds the Salary Continuation and/or Accident and Sickness benefit payments made for the same period, up to the amount of said Salary Continuation and/or Accident and Sickness payments.

I further agree that I will notify you immediately upon my receiving notice that I have been awarded Workers' Compensation benefits and/or any Occupational Disease Law or Act benefits provided for time lost from work due to disability. Should my claim be compensable, I further agree either to repay Mack Trucks, Inc., all amounts paid on my behalf under the group health benefits program or Mack Trucks, Inc. shall be subrogated out of any Workers' Compensation agreement or award up the amount paid.

8/13/18

DATE


EMPLOYEE SIGNATURE

Colleen John
EMPLOYEE NAME (PRINTED/TYPED)

450939
BADGE NO.

Rev 10/13

PART A: MEDICAL FACTS

1. Approximate date condition commenced:

8/13/18

Probable duration of condition:

8/27/18

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

8/13/18

Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes.Was medication, other than over-the-counter medication, prescribed? ☐ No ☒ Yes.Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☒ No ☐ Yes. If so, state the nature of such treatment(s) and expected duration of treatment:2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

no lifting, pushing, pulling

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave. (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

m89.8x1 Pain of left clavicle

patient reinjured clavicle 8/7/18.

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No ☒ Yes

If so, estimate the beginning and ending dates for the period of incapacity: 8/13 to 8/27/18

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No ☒ Yes

If so, are the treatments or the reduced number of hours of work medically necessary?
No ☒ Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Next follow up appointment 9/6/18

Estimate the part-time or reduced work schedule the employee needs, if any:

 hour(s) per day; days per week from through

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ No Yes

Is it medically necessary for the employee to be absent from work during the flare-ups?
☒ No Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: times per week(s) month(s)

Duration: hours or day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

[Lined area for handwritten notes]

Cory O'Neil 8/16/18
Signature of Health Care Provider Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

Sep. 14. 2018 6:44AM

No. 6340 P. 2/5

ARS



Mack Trucks, Inc.
 Macungie Assembly Operations
 7000 Alburis Road
 Macungie, PA 18062-9631
 Phone: 610-966-8083

Name: Olson, John SAP: 450939 Date: 9/13/18

We are sorry to hear that you are ill and want to wish you a speedy recovery. If there is anything we can do to help you medically, please do not hesitate to contact the dispensary at 610-966-8878.

Please note that any Accident & Sickness benefits in conjunction with lost time from work will only be processed if your absence is approved by an MD, DO, DDS, DPM or Psychiatrist. Any other practitioner(s) will not be accepted, which includes a Nurse Practitioner and/or Physician's Assistant.

In order for your claim to be processed efficiently, the Short Term Disability Benefits Claim Form enclosed, must be filled out completely, signed by an M.D. and faxed to the Mack Macungie HR office, 610-966-8950, or it may cause a delay in your payment of benefits.

Please note that it is your responsibility to provide HR with a copy of your return to work release upon returning to work. If you do not have this release with you, we will NOT be able to return you to work until that release is obtained. The work release should state the effective date of return with or without restrictions. If there are any restrictions attached to your release, they need to be as specific and as detailed as possible. Please be certain to convey this to your treating physician.

As a reminder, under the contract (Master Contract, Article 1-Section 27(c)(3)), FMLA runs concurrent with six weeks (up to 240 hours) of accident and sickness benefits. An FMLA Certification of Health Care Provider for Employee's Serious Health Condition is enclosed. Your doctor should complete the attached form and return it to our office with 15 days.

FMLA RETURN DATE: 10/9/18
 (15 days from receipt of A&S/FMLA request)

Once again, we wish you a speedy recovery. If you should have any questions or concerns, please do not hesitate to call me at 610-966-8088.

Sincerely,

Angela Pursell
 Macungie Human Resources

/attachments

Plaintiff 000333

JA000368

Sep. 14, 2018 6:44AM

No. 6340 P. 4/5

Lehigh Valley Operations
7000 ALBURTIS ROAD
MACUNGIE, PA 18062-9631
PHONE# (610) 966-8878; FAX# (610) 966-8882



DIAGNOSIS TREATMENT PLAN

PLEASE FAX COMPLETED FORM BELOW TO FAX# (610) 966-8882
ASAP AT COMPLETION OF VISIT. THANK YOU!

DATE: 9/13/18 PATIENT'S NAME (print): Colleen Sara John

DIAGNOSIS: Left clavicle pain. Non-union Fracture

TREATMENT PLAN: Rest

Physical therapy
follow up 10/9/18

DIAGNOSTIC STUDIES: N/A

RETURN VISIT DATE: 10/9/18

PHYSICIAN SIGNATURE: Craig O'Neill MD.

PRINT PHYSICIAN'S NAME: Craig O'Neill

PHYSICIAN'S ADDRESS: 301 S 7th Ave. Suite 3220
West Reading PA, 19611

PHYSICIAN'S PHONE #: 610-376-8171

Diagnosis treatment plan: updated 7/15/18

ANY ATTEMPT TO ALTER, MISLEAD OR FALSIFY REQUESTED INFORMATION WILL RESULT
IN SEVERE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION

EMPLOYEE'S STATEMENT

EMPLOYEE'S STATEMENT
All Questions Must Be Completed by Employees - Claim Form Must Be Returned By:

Full Name Colleen John		Badge 450939	Special Duty Pay Number 1881 7014810	Date of Birth
Address Street		City or Town	State	Zip
If accident occurred, give Date _____ 20 ____ & Describe in Space Provided Below	Is the sickness or injury due to your employment with the Company? ____ Yes ____ No		If "Yes", give full particulars in space provided below, or as requested above.	
Is the sickness or injury due to your employment with another employer? ____ Yes ____ No		If "Yes", give full particulars below.		
Were you employed by another employer (full or part-time) when disability commenced? ____ Yes ____ No		If "Yes", give full particulars below and name of employer.		
Has this year did not prevent any work because of disability ____ 20 ____	Has your wage been reduced by physician's permanent disability ____ 20 ____	If necessary, has occurred, give date ____ 20 ____		

AUTHORIZATION TO RELEASE INFORMATION

AUTHORIZATION TO RELEASE INFORMATION
 To all physicians and other medical professionals, hospitals, and other medical care facilities, and to funeral, medical or hospital service and prepaid health plans, employers and group-term life plans, contract health care plans, beneficiaries.
 We are authorized to provide the Company with information regarding medical care, illness, treatment or supplies provided the patient, and any other employment related information regarding the patient. THIS INFORMATION WILL BE USED FOR THE PURPOSE OF EVALUATING AND ADMINISTERING CLAIMS FOR BENEFITS AND MAY BE REDISCLOSED TO AN INDEPENDENT CLAIMS ADMINISTRATOR OR AGENCY ACTING ON THE BEHALF OF THE COMPANY AND TO ANY COMPANY WORKERS' COMPENSATION CARRIER FOR THE PURPOSE OF EVALUATING A WORKERS' COMPENSATION CLAIM.
 I understand that the granting of this authorization is at the time of forwarding of the policy to another policy which a claim for patient benefits has been submitted. I understand that I have a right to revoke a copy of this authorization upon request. I agree that a photocopy of this authorization is as valid as the original.
 I understand a photocopy of this authorization should have been placed in the file. I understand that the Company has the right to recover any payment from me, including the right to claim from the beneficiary, if any, or to recover any amount from any other source, including any Company contribution that would otherwise be due me.

1111

Employee's Signature _____

ANY EMPLOYEE WHO ENGAGES IN GAINFUL EMPLOYMENT WHILE ON A SICK LEAVE MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

IMPORTANT - Attending Provider must complete reverse side of this form.

**** Procedure upon return from sick leave ****

If you are returning to work with medical restrictions, you must report to the Medical Department for placement. If you return without medical restrictions, please forward your work release to your Supervisor and the Human Resources Service Center.

EMPLOYER'S STATEMENT

Name of Employee		Social Security Number	
Employee Date of Birth	Was working in State When disability began	Yes No	Comments
Was employee laid off or lay off in layoff status prior to beginning of this disability?	Yes No	If "Yes" give date	Did the disability originate out of the Employer's employment?
			Yes No
If "Yes" state reason in space provided below why Workers' Compensation is not payable. Employee must complete Return to Work Agreement.			
Am there any circumstances which would cause you to question the validity of this claim?	Yes No	If "Yes" give reasons in space provided below	Amount of weekly A & B benefit
Was Employee continuously disabled at date of onset (e.g. 10-2)	Yes No	Was Employee paid during this time	List number of calendar days lost due to this year
Date Employee was last shown him work in present location	Date work was resumed		

RESEARCH

~~_____~~

REF ID: A66600333

JA000370

Cory Reed

JA000371



ORTHOPAEDIC ASSOCIATES OF READING, LTD.
O.A.R. READING SPORTS MEDICINE

301 S. Seventh Avenue
Suite 322g
West Reading, PA 19611

4685 DeMott Road
Suite 302
Reading, PA 19606

Telephone: (610) 376-8671
Fax: (610) 376-6387
www.oarmd.com

DAVID B. REES, J.D., M.D.
ROBERT D. SUTHERLAND, M.D.

JOHN D. CASEY, JR., M.D.
CHRISTOPHER J. MANCUSO, M.D.

LEONARD L. D'ADDESI, M.D.
ERIC M. SLOTKIN, D.O.

CRAIG A. O'NEILL, M.D.
BRIAN C. STAMINSKI, M.D.

FACSIMILE COVER SHEET

WE ARE TELECOPYING 2 PAGES INCLUDING THIS COVER SHEET

COMPANY NAME:

ATTENTION: Angela

DATE: 8/29/18

PHONE NUMBER:

FAX NUMBER: (610)-966-8950

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF OTHER PROBLEMS OCCUR, PLEASE CALL US BACK AS SOON AS POSSIBLE @ (610) 376-8671 ext. ~~257~~ 257

SENT BY: Courtney Krempowsky

Can you please send over a new short term disability form so that it can be corrected. I apologize for the inconvenience.

This transmission is intended for the use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, the employee or the agent responsible for delivering the message, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange the return of these materials.

Phone (610) 376-8671
Fax (610) 376-6387



Sep. 19, 2018 12:06PM

No. 6422 P. 1/3
Sep. 19, 2018 10:37am P002/003

PHYSICIAN OFFICE: AT COMPLETION OF VISIT, PLEASE FAX THESE COMPLETED FORMS TO 610-966-8950

DATE: 9-19-18PATIENT'S NAME (print): Colleen Sara Sohn DOB: 5/22/89DIAGNOSIS: Pain of left clavicle - M89.8X1

TREATMENT PLAN:

Continue physical therapy, rest,
Follow up on 10-9-18DIAGNOSTIC STUDIES: noneRETURN VISIT DATE: 10-9-18*PHYSICIAN SIGNATURE: Craig O'Neill

*Requires MD, DO or DPM Signature

PRINT PHYSICIAN'S NAME: Craig O'Neill MDPHYSICIAN ADDRESS: 301 S 7th Ave Suite 3220West Reading PA 19611PHYSICIAN TELEPHONE #: 610-376-8671FAXED
10/1/18

Sep 19 2018 17:06PM

No 6492 P. 2/3
Sep 19 2018 10:47am P003/003

PHYSICAL CAPABILITIES CHECKLIST
LEHIGH VALLEY OPERATIONS
MEDICAL DEPARTMENT

Print Patient's Name:

Colleen Sarah Son

Date Completed:

9-19-18

Dominant Hand: Right

Left

No work

	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never	N/A
• LIFTING & REACHING:						
• Floor to Waist						
• Waist to Shoulder						
• Shoulder Height or Higher						
• USE OF VIBRATORY TOOLS:						
• MISCELLANEOUS ACTIVITIES:						
• Sitting						
• Standing						
• Walking						
• Bending						
• Twisting						
• Stopping / Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Driving: Van / Truck / Tractor / Trailer / Car						

PLEASE CIRCLE APPROPRIATE EXTREMITY:	RIGHT HAND	LEFT HAND	BOTH HANDS
• REPETITIVE TASKS	Constant 67-100%	Frequent 34-66%	Occasional 6-33%
• Grip / Grasp			Seldom 0-5%
• Push / Pull			Never
• Fines Manipulation			
• Keyboard Operation			
• Foot Controls			

LIFTING / CARRYING:	
0 Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc., in miscellaneous activities.
0 Light	20 lbs. max.; frequently up to 10 lbs.
0 Medium	50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

Estimated Length of Disability:

Approx 10/9/18

Date released to RTW:

Any medication that would prevent RTW activities?

Yes

No

Explain:

Comments / Explanations:

JA000374

Sep. 14 2018 6:47AM

No. 6340 P. 1/5

Notice to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.

PART C ATTENDING PHYSICIANS STATEMENT—ONLY THE DOCTOR CAN COMPLETE THIS PORTION
 TO THE ATTENDING PHYSICIAN: Your patient has applied for or may be eligible for weekly disability income benefits. Your answer to the questions below will assist us in determining if these benefits are payable. Please answer ALL applicable items, otherwise the form will be returned to you for additional information.

1. PATIENT'S FULL NAME Colleen Sara John		IF PREGNANCY, APPROXIMATE DATE COMMENCED: DATE: N/A	
2. DIAGNOSIS AND CURRENT CONDITIONS Left clavicle non-union fracture CORRESPONDING ICD-10 CODE: 287.81 M89.8X1		3. IS THIS CONDITION A RESULT OF A WORK-RELATED INJURY OR DISEASE CAUSING LOSS OF PATIENT'S ABILITY TO WORK? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4. DATE WHEN FIRST EXAMINED BY YOU FOR THIS INJURY OR CONDITION: DATE: 8/13/18		5. DATE WHEN FIRST EXAMINED BY YOU FOR THIS INJURY OR CONDITION: Sickness Appeared Date: 8/17/18 Accident Happened Date: 8/17/18 If Accident, Describe Nature of Accident: ziplining	
6. DATE WHEN FIRST EXAMINED BY YOU FOR THIS INJURY OR CONDITION: DATE: 9/7/18		7. DATE WHEN FIRST EXAMINED BY YOU FOR THIS INJURY OR CONDITION: DATE: 9/7/18	
8. PATIENT'S NEXT SCHEDULED APPOINTMENT IS: DATE: 10/9/18		9. WAS PATIENT HOSPITALIZED? If Yes: Date Admitted: _____ Date Discharged: _____ Name of Hospital: _____	
10. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? If "YES" describe condition and date: fx clavicle 12/2/15		11. IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? If "NO", Explain: Has patient been referred to another physician Date of Referral: 9/7/18 Name of Physician: physical therapy	
12. WAS PATIENT CONTINUOUSLY TOTALLY DISABLED AND UNDER YOUR CARE? If YES, FROM 8/13/18 TO 10/9/18		13. WAS PATIENT PARTIALLY DISABLED? (If you are completing this item, please list specific restrictions in the "Restrictions" Section below along with the estimated duration of the restriction.) If YES, FROM _____ TO _____	
14. IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK: An approximate date must be specified. Regular work - Date: approx 10/9/18 Restricted work (see No. 15) - Date: _____			
15. ATTENTION: ATTENDING PHYSICIAN If you are releasing the employee to return to work, and that employee continues to have a medical condition which would prevent or restrict his/her performance of regular work, Attachments, we request that you clearly identify on this Accident and Sickness form: (a) Any medical restrictions and/or specific limitations applicable to the employee. (b) Any type of work the employee is able to perform. (c) Any type of work the employee is unable to perform. If you have any questions regarding this request or the scope of job functions please contact the Human Resources Services Center.			
ATTENDING PHYSICIAN'S SIGNATURE (If not signed, form is invalid) DATE: 9/13/18 PHYSICIAN'S NAME (Print): Craig O'Neill SIGNATURE: <i>Craig O'Neill</i> MD STREET ADDRESS: 301 S 7th Ave CITY OR TOWN: West Reading STATE: PA ZIP CODE: 19380 PHONE NO.: 610 376 8071 FAX NO.: 610 376 6387			

If assistance is needed in completing this form, please contact
 Angela Pursell
 (PH) 1-610-966-8083

RETURN THIS COMPLETED FORM TO:
 Mink Trucks, Inc
 Angela Pursell
 7000 Albury Road
 Macungie, PA 18062

Plaintiff 000340

JA000375

PHYSICAL CAPABILITIES CHECKLIST
Based on a 480 minute workday
Mack Trucks, Inc. - Lehigh Valley Operations

	Constant	Frequent	Occasional	Seldom	Never	N/A
LIFTING AND REACHING:	67 - 100%	34 - 66%	6 - 33%	0 - 5%		
• Floor to Waist						
• Waist to Shoulder						
• Shoulder Height or Higher						
USE OF VIBRATORY TOOLS:						
MISCELLANEOUS ACTIVITIES:						
• Staring						
• Staring						
• Working						
• Sending						
• Twisting						
• Stopping/Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Driving Car / Lift Truck / Tractor / Trailer						

PLEASE CIRCLE APPROPRIATE EXTREMITY:

REPETITIVE TASKS:	RIGHT HAND	LEFT HAND	BOTH HANDS
Constant			
Frequent			
Occasional			
Seldom			
Never			

PLEASE CIRCLE APPROPRIATE EXTREMITY:

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REPETITIVE TASKS:	RIGHT HAND	LEFT HAND	BOTH HANDS
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PLEASE CIRCLE APPROPRI

Sep 10 2014 02:14am

P002/002

PHYSICAL CAPABILITIES CHECKLIST
LEHIGH VALLEY OPERATIONS
MEDICAL DEPARTMENT

MAA/CEK

Print Patient's Name: Colleen JohnDate Completed: 11/8/18Dominant Hand: Right Left

	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never	N/A
LIFTING & REACHING:						
o Floor to Waist	<input checked="" type="checkbox"/>					
o Waist to Shoulder	<input checked="" type="checkbox"/>					
o Shoulder Height or Higher	<input checked="" type="checkbox"/>					
USE OF VIBRATORY TOOLS:	<input checked="" type="checkbox"/>					
MISCELLANEOUS ACTIVITIES:						
o Sitting	<input checked="" type="checkbox"/>					
o Standing	<input checked="" type="checkbox"/>					
o Walking	<input checked="" type="checkbox"/>					
o Bending	<input checked="" type="checkbox"/>					
o Twisting	<input checked="" type="checkbox"/>					
o Stooping / Squatting	<input checked="" type="checkbox"/>					
o Kneeling	<input checked="" type="checkbox"/>					
o Climbing	<input checked="" type="checkbox"/>					
o Crawling	<input checked="" type="checkbox"/>					
o Driving: Lift Truck / Tractor Trailer / Car	<input checked="" type="checkbox"/>					

PLEASE CIRCLE APPROPRIATE EXTREMITY: <u>RIGHT HAND</u> <u>LEFT HAND</u> <u>BOTH HANDS</u>					
o REPETITIVE TASKS	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never
o Grip / Grasp	<input checked="" type="checkbox"/>				
o Push / Pull	<input checked="" type="checkbox"/>				
o Fine Manipulation	<input checked="" type="checkbox"/>				
o Keyboard Operation	<input checked="" type="checkbox"/>				
o Foot Controls	<input checked="" type="checkbox"/>				

LIFTING / CARRYING:	
o Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc., in miscellaneous activities.
o Light	20 lbs. max.; frequently up to 10 lbs.
o Medium	50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

Estimated Length of Disability: 11/8/18 Date released to RTW: 11/8/18Any medication that would prevent RTW activities? Yes ☒ No ☐ Explain: Comments / Explanations: Return to work with no restrictionsPhysician's Signature: Cory Reed

Sep 19 2018 02:14am

P001/002

RECEIVED

NOV 06 2018

MACUNGIE MEDICAL

Lehigh Valley Operations
7000 ALBURTIS ROAD
MACUNGIE, PA 18052-9631
PHONE# (610) 966-8882; FAX# (610) 966-8882



DIAGNOSIS TREATMENT PLAN

PLEASE FAX COMPLETED FORM BELOW TO FAX# (610) 966-8882
ASAP AT COMPLETION OF VISIT. THANK YOU!

DATE: 11/01/18 PATIENT'S NAME (print): Colleen John

DIAGNOSIS: S42.022K - Displaced fracture of shaft of LT Clavicle,
subsequent encounter for fracture in nonunion

TREATMENT PLAN: follow-up in 1-7 weeks, Return to work with no
restrictions, Start physical therapy for shoulder pain

DIAGNOSTIC STUDIES: XRay LT Clavicle 12/2/15, XRay LT Clavicle 8/13/18

RETURN VISIT DATE: 11/23/18

*PHYSICIAN SIGNATURE: Craig O'Neill

*Requires MD, DO or DPM signature ONLY

PRINT PHYSICIAN'S NAME: Craig O'Neill, MD

PHYSICIAN'S ADDRESS: 301 S Seventh Avenue, Suite 3220
West Reading, PA 19381

PHYSICIAN'S PHONE #: 610.376.8171

diagnosis/treatment plan: updated 7/16/18

MAKES

PHYSICAL CAPABILITIES CHECKLIST
Based on a 480 minute workday
Mack Trucks, Inc. - Lehigh Valley Operations

	Constant	Frequent	Occasional	Seldom	Never	N/A
LIFTING AND REACHING:						
• Floor to Waist	67 - 100%	33 - 66%	6 - 33%	0 - 5%		
• Waist to Shoulder						
• Shoulder Height or Higher						
USE OF VIBRATORY TOOLS:						
MISCELLANEOUS ACTIVITIES:						
• Sit/Stand						
• Walking						
• Bending						
• Twisting						
• Standing/Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Driving Car / Lift Truck / Tractor / Trailer						

PLEASE CIRCLE APPROPRIATE EXTREMITY: RIGHT HAND LEFT HAND BOTH HANDS

REPETITIVE TASKS:	Constant	Frequent	Occasional	Seldom	Never
• Grip/Grasp	67 - 100%	33 - 66%	6 - 33%	0 - 5%	
• Push/Pull					
• Fine Manipulation					
• Keyboard Operation					
• Foot Controls					

LIFTING/CARRYING:

<input type="checkbox"/> Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work.
<input type="checkbox"/> Light	20 lbs. max. frequently up to 10 lbs.
<input type="checkbox"/> Medium	30 lbs. max. frequently up to 20 lbs. constant 10 lbs.

Estimated length of Disability: 11/8/18

Any medication that would prevent RTW activities? ☐ Yes ☐ No Explain: _____

Date released to RTW: 11/8/18

Comments/Explanations: FTW & NO
Restrictions

MACK TRUCKS INC. / LEHIGH VALLEY OPERATIONS
MEDICAL EVALUATION

Date: 11/13/18
Name: Colleen John SAP#: 450939
Department: Ver 1 DOH#: 12/18
Job#: PT Site: Lehigh
Injury/Illness: Clavicle
Date of Injury/Illness: 8/17/18 Lost Time Date, if applicable: 8/13/18
Claim Status: ☐ Workers Comp ☐ WWC Claim Pending ☒ Non-Work Related
Claim #, if applicable: _____ Dominant hand: ☒ R ☐ L
Medical Excuse Actions:
☒ Medical Evaluation was provided by the outside treating physician.
☐ Medical Evaluation was provided by the company physician.
Surgey Date: _____

Based on Medical Review, the employee is:

Effective Date: _____
☐ Able to Work ☐ Not Able to Work
☐ Restrictions per Physical Capabilities Form
Recheck Date w/Outside Treating Physician: Dr. O'Neill 11/23/18
Recheck Date w/Company Physician: _____
Signed: Company Physician/Nurse: _____

JOB PLACEMENT: PERSONNEL DEPARTMENT

The employee has been evaluated and is:
☐ Placed on regular work with no restrictions ☐ Transitional
☐ Placed on regular work with restrictions ☒ Not able to be placed
Date: 11/21/18 Signed: Dr. O'Neill
Supervisor: John

This medical evaluation does not create an employee in any technical grade. Our Company's Sick Leave Program, to receive benefits through the Workers Compensation, Salary Continuation or Accident & Sickness Program, the employee must provide appropriate medical documentation in accordance with plan requirements. If the employee is returned to a position, the employee's position must be the same or equivalent to the position. The employee's responsibility for such matters may be limited under the applicable health benefits program and will be addressed in accordance with the terms of the program.

AKO-1 (07/18)

Pursell Angela

To: Kuhn Drew; O'Neill Kaitlyn; Newman Timothy (d)
Subject: Colleen John Behm LOA request

All,

Colleen John Behm is requesting 2 weeks of emergency leave for week so 12/3/18 and 12/10/18.

The reason for the request is due to a legal domestic situation. I have the supporting documentation.

Drew Kuhn – please advise if you are able to support having an additional person off in cab1 those weeks.

Please note Colleen had two points removed during her probation when she was on her honeymoon.

In addition she has been out on A&S from 8/13/18 RTW 11/16/18.

Colleen is currently at 7 points.

Once we hear back from Drew and what the staffing situation is we will take all this information and make a decision.

1AB1	Absent Unexcused Notice	Colleen Behm	450939	5/25/2018	8	HBU-Macungle	10013534	4125
1EQ1	Early Quit Unexcused	Colleen Behm	450939	6/25/2018	3.7	HBU-Macungle	10013534	4125
1AB1	Absent Unexcused Notice	Colleen Behm	450939	7/6/2018	8	HBU-Macungle	10013534	4125
1AB1	Absent Unexcused Notice	Colleen Behm	450939	7/9/2018	8	HBU-Macungle	10013534	4125
1AB1	Absent Unexcused Notice	Colleen Behm	450939	7/20/2018	8	HBU-Macungle	10013534	4125
1AB1	Absent Unexcused Notice	Colleen Behm	450939	7/27/2018	8	HBU-Macungle	10013534	4125
1TU1	Tardy Unexcused	Colleen Behm	450939	11/5/2018	7.6	HBU-Macungle	50644853	4122
			450939 Total					

1

Behm v. Mack Trucks, et al.



MACK0070

JA000380

103768745
1103768745

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12/17/18

11 32 58 12-12-2018
5:29:39 12-05-20182 / 10
2 / 10

DEC 17 2018

SHORT-TERM DISABILITY BENEFIT CLAIM FORM

ANY ATTEMPT TO ALTER, MISLEAD OR FALSIFY REQUESTED INFORMATION WILL RESULT
IN SEVERE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION

PART A

EMPLOYEE'S STATEMENT

All Questions Must Be Completed by Employee - Claim Form Must Be Returned By: _____

Full Name <u>Colleen Sara John Behm</u>	Badge # <u>450939</u>	Social Security Number <u>188 701 4810</u>	Date of Birth <u>05/22/1989</u>
Address <u>6028 Main St.</u>		City or Town <u>Blandon</u>	State <u>PA</u>
Zip <u>19510</u>			
If accident occurred, give Date <u>December 1, 2018</u>	Is the sickness or injury due to your employment with the Company? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> If "Yes", give full particulars in space provided below, or on separate sheet.		
Is the sickness or injury due to your employment with another employer? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> If "Yes", give full particulars below.			
Were you employed by another employer (full or part-time) when disability commenced? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> If "Yes", give full particulars below and name of employer.			
First day you did not perform any work because of disability <u>12/5/2018</u>	Date you were first treated by physician in practical disability <u>20</u>		If recovery has occurred, give date <u>20</u>

AUTHORIZATION TO RELEASE INFORMATION

To all physicians and other medical professionals, hospitals and other medical-care facilities, and to lawyers, medical or hospital services and prepaid health plans, employers and group policyholders, contract holders or benefit plan administrators.

You are authorized to provide the Company with information concerning medical care, advice, treatment or supplies provided the patient, and any other employment related information regarding the patient. THIS INFORMATION WILL BE USED FOR THE PURPOSE OF EVALUATING AND ADJUSTING CLAIMS FOR BENEFITS AND MAY BE DISCLOSED TO AN INDEPENDENT CLAIMS ADMINISTRATOR OR AGENCY ACTING ON THE BEHALF OF THE COMPANY AND TO ANY COMPANY WORKERS' COMPENSATION/CARTRIDGE FOR THE PURPOSE OF EVALUATING A WORKERS' COMPENSATION CLAIM.

I understand that the duration of this authorization is for the term of coverage of the policy or contract under which a claim for health benefits has been submitted. I understand that I have a right to receive a copy of this authorization upon request. I agree that a photographic copy of this authorization is as valid as the original.

I understand that the Company has the right to recover such employment from me, including the right to reduce future disability benefits, if any, or to recover such employment by withholding monies from my Company compensation that would otherwise be due me.

12/5/2018
Date

Employee's Signature

ANY EMPLOYEE WHO ENGAGES IN GAINFUL EMPLOYMENT WHILE ON A SICK LEAVE MAY BE
SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

IMPORTANT - Attending Physician must complete reverse side of this form.

** Procedure upon return from sick leave **

If you are returning to work with medical restrictions, you must report to the Medical Department for placement. If you return without medical restrictions, please forward your work release to your Supervisor and the Human Resources Service Center.

PART B

EMPLOYER'S STATEMENT

Full Name of Employee		Social Security Number	
Employee's Date of Birth	Was coverage in force when disability began <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	Occupation	
Was employee laid off or was lay off contemplated prior to beginning of this disability? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	If "Yes" give date	Did the sickness or injury arise out of the Employee's employment? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	If "Yes" state reasons in space provided below why Workers' Compensation is not payable. Employees must complete Return/Recovery Agreement.
Are there any circumstances which would cause you to question the validity of the claim? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	If "Yes" give reasons in space provided below	Hourly rate or monthly salary	Amount of weekly A & B benefit
List Employees withholding sick leave for federal taxes (e.g., A-1)	List Holidays paid during sick leave	List number of Occasional sick days used this year	
Date Employee was first absent from work in practical disability <u>20</u>	Date work was resumed <u>20</u>		
Date <u>20</u> Employer Representative _____			

Additional Space For Employer/Employee Use (Attach additional sheets for more information)

RECEIVED DEC 05 2018

Plaintiff 000347



JA000381

RECEIVED DEC 05 2018

L-02768745
20210714511 33 41 12-13-2018 4 10
VS 12 19 12-08-2016 4 10

REIMBURSEMENT AGREEMENT

To: Mack Trucks, Inc. Or An Insurance Carrier Acting On Its Behalf

With respect to the weekly disability benefit payments made to me by you in connection with my claim dated _____, provided by my employer, Mack Trucks, Inc., and in accordance with Appendix B, Article II, Section 4(g), I understand that the amount of such benefit for any week or partial week of disability shall be reduced, if applicable, by the amount of benefit payments received for such week or partial week from Workers' Compensation and/or any Occupational Disease Law or Act which provides benefits for the time lost from work due to disability.

If I am awarded any or all of the benefits enumerated above for any week or partial week for which you have paid me a disability benefit, I agree to repay, in full and in one payment, upon receipt of such award monies, the amount by which the sum of:

- (1) Payments received from any or all of the benefits sources enumerated above, and
- (2) Salary Continuation and/or Accident and Sickness benefit payments made by you

which exceeds the Salary Continuation and/or Accident and Sickness benefit payments made for the same period, up to the amount of said Salary Continuation and/or Accident and Sickness payments.

I further agree, that I will notify you immediately upon my receiving notice that I have been awarded Workers' Compensation benefits and/or any Occupational Disease Law or Act benefits provided for time lost from work due to disability. Should my claim be compensable, I further agree either to repay Mack Trucks, Inc., all amounts paid on my behalf under the group health benefits program, or Mack Trucks, Inc. shall be subrogated out of any Workers' Compensation agreement or award up the amount paid.

12/5/18
DATE


EMPLOYEE SIGNATURE

Collin Sara John Behm
EMPLOYEE NAME (PRINTED/TYPED)

450939
BADGE NO.

Rev 10/13

RECEIVED DEC 05 2018

6103768745
6103768745

11:33:56 12-12-2018
15:30:30 12-05-2018

5:10
5:10

Lehigh Valley Operations
7000 ALBURTIS ROAD
MACUNGIE, PA 18062-9631
PHONE# (610) 966-8878; FAX# (610) 966-8882



DIAGNOSIS TREATMENT PLAN

PLEASE FAX COMPLETED FORM BELOW TO FAX# (610) 966-8882
ASAP AT COMPLETION OF VISIT. THANK YOU

DATE: 12-5-18 PATIENT'S NAME (print): Colleen John

DIAGNOSIS: Major depression recurrent F33.11 Generalized anxiety F41.1

TREATMENT PLAN: change medication and/or discuss to
control symptoms.

DIAGNOSTIC STUDIES: _____

RETURN VISIT DATE: Jan 8 2019

*PHYSICIAN SIGNATURE: _____

[Signature]
*Requires MD, DO, or DPM signature ONLY

PRINT PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE #: 610-777-4040

Diagnosis/treatment plan: updated 7/18/18

RECEIVED DEC 05 2018

Plaintiff 000350

JA000384

03/68745
01/25/201311:34 AM 12-12-2018
19:30:44 12-05-20186/10
6/10

PHYSICAL CAPABILITIES CHECKLIST
LEHIGH VALLEY OPERATIONS
MEDICAL DEPARTMENT



Patient's Name: Colleen Schmitt Date Completed: 12-5-18

Domination Hand: Right ☒ Left ☐

	Constant	Frequent	Occasional	Seldom	Never	N/A
LIFTING & REACHING:	67-100%	34-66%	6-33%	0-5%	NEVER	NEVER
• Floor to Waist						
• Waist to Shoulder						
• Shoulder Height or Higher						
USE OF VIBRATORY TOOLS:						
MISCELLANEOUS ACTIVITIES:						
• Sitting						
• Standing						
• Walking						
• Bending						
• Twisting						
• Stooping / Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Driving: Lift Truck / Tractor / Trailer / Car						

	Constant	Frequent	Occasional	Seldom	Never
REPEITIVE TASKS	67-100%	34-66%	6-33%	0-5%	NEVER
• Grip / Grasp					NEVER
• Push / Pull					NEVER
• Fine Manipulation					NEVER
• Keyboard Operation					NEVER
• Foot Controls					NEVER

LIFTING / CARRYING:	
0 Sedentary 10 lbs. max. & occasionally carrying small objects; this does not mean seated work.	
0 Light 20 lbs. max.; frequently up to 10 lbs.	
0 Medium 50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.	

Estimated Length of Disability: 1-3 weeks Date released to RTW: _____

Any medication that would prevent RTW activities? Yes ☒ No ☐ Explain: _____

Comments / Explanation: per physical limitations. Pt's emotional state

makes / causes her to be unable to perform tasks at work efficiently
and could make her emotional state worse

Physician's Signature: [Signature]

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HR 1/9/19

INTEGRATED MEDICAL GROUP, PC

1903 Morgantown RD
Reading PA 19607-9620
610-777-4040

CALHOON, BRENT, P.A.
1903 Morgantown Road
Reading, PA 19607-9620

RECEIVED JAN 09 2019

SAP - 450939

WORK/SCHOOL EXCUSE

Date: 01/08/19

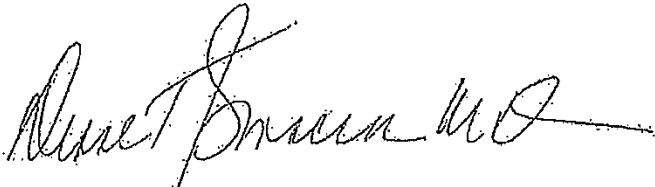
PATIENT NAME: Colleen S Behm

The patient may return to work/school on 01/21/2019 for full duty.

Due to current privacy laws, the medical reason for his/her absence will not be provided unless requested by the patient.

Sincerely,

Brent Calhoon
Brent Calhoon, P.A.-C



Electronically signed by agent of provider: Karen Steiger on 01/08/2019 at 12:01 pm

INTEGRATED MEDICAL GROUP, P.C.
GREEN HILLS FAMILY PRACTICE ASSOCIATES, LLC
Diane T. Bonaccorsi, M.D. Kimberly Rajenzahn, D.O.
B. Charles Muvdi, M.D. Brent Calhoon, P.A.-C
Krislin Kimm, CRNP
1903 Morgantown Road
Reading, Pa 19607
610-777-4040

CORRECTIVE ACTION REQUEST APPLICATION

MACK TRUCKS, INC. - LEHIGH VALLEY OPERATIONS

INJURY / ACCIDENT REPORT FOR LEHIGH VALLEY COUNTY

Colleen Behm

Date Reported: 05/09/2019
 Date of Incident: 05/08/2019 0030am
 Time Began Work: 0845am
 Department: Production
 Area: Cab 1
 Section: VT 5
 Supervisor: Donald Craft
 SAP: 460939
 Name of Person(s) Involved: Colleen Behm
 Address: 216, Halsey Avenue
 Reading pa, 19609
 Date of Birth: 05/22/1989
 Date of Hire: 01/02/2018
 Gender: F
 Manning Title: flex tech
 Shift: 1st
 Length of Time in this Job: or equal to 1 month
 Type of Injury / Illness: Laceration / Abrasion / Contusion
 Causes of Injury: Struck By / Against
 Body Parts: Head
 Body Part (R/L): Right

Dispensary Information

Injury Type: WC Dehlat
 Employee's Description: I climbed into the sleeper and there was a bracket that was attached to the roof and I hit my head on it. It stunned me. I had to sit down shortly afterwards I got a headache that has not gone away. I was nauseated and did not finish lunch, my ears are ringing, and my eyes are sensitive to the light.
 Witnesses: noel
 Employee Agrees: Yes

EMPLOYEE SIGNATURE: _____

What Object or Substance Directly Harmed Employee? hit head on roof bracket
 PPE Required: Safety Glasses, Safety Shoes
 PPE Used: Safety Glasses, Safety Shoes
 Was there a Fatality? No
 Date of Fatality: n/a
 S: see above statement
 O: no LOC PERRLA, VSS, minor erythema - right forehead. EE took own ibuprofen 9am but no relief obtained
 A: contusion right forehead
 P: TO LVHC-ER for further evaluation - EE refused to go to LVHC-ER. Went to Reading Hospital on her own.
 Healthcare Provider Name / Address: dispensary
 Was an ER visit or Hospitalization Required? Yes
 Signing Nurse: Kathy Shilfert

EXHIBIT

tabbies

20

Behm v. Mack Trucks, et al.

MACK0248

JA000387



PHYSICAL CAPABILITIES CHECKLIST
Based on a 480 minute workday
Mack Trucks, Inc. - Lehigh Valley Operations

Constant	Frequent	Occasional	Seldom	Never	N/A
67 - 100%	34 - 65%	8 - 33%	0 - 5%		
LIFTING AND REACHING:					
• Floor to Waist					
• Waist to Shoulder					
• Shoulder Height or Higher					
USE OF VIBRATORY TOOLS:					
MISCELLANEOUS ACTIVITIES:					
• Sitting					
• Standing					
• Walking					
• Bending					
• Twisting					
• Stooping/Squatting					
• Kneeling					
• Climbing					
• Crawling					
• Driving: Car / Lift Truck / Tractor / Trailer					

PLEASE CIRCLE APPROPRIATE EXTREMITY: RIGHT HAND LEFT HAND BOTH HANDS

REPETITIVE TASKS:		Constant	Frequent	Occasional	Seldom	Never
		67 - 100%	34 - 66%	6 - 33%	0 - 5%	
• Grip/Grasp						
• Push/Pull						
• Fine Manipulation						
• Keyboard Operation						
• Foot Controls						

LIFTING/CARRYING: ☐ Sedentary 10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc. in miscellaneous activities.

☐ Light 20 lbs. max.; frequently up to 10 lbs.

☐ Light 20 lbs. max.; frequency up to 10 lbs.

☐ Medium 50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

[illegible]

Estimated Length of Disability:

Any medication that would prevent RTW activities? ☐ Yes ☐ No Explain:

Date released to RTW:

Date released to R14: _____
Comments/Explanations:

planations: no exposure to bright light

Lost Time 5-9-19

**MACK TRUCKS INC. / LEHIGH VALLEY OPERATIONS
MEDICAL EVALUATION**

Date: 5/10/19 Name: Patreen Behm SAF#: 450939
Department: LABI UTY DOH#: 52289 1-22-18
Job: Play tech Shift: 730
Injury/Illness: Head
Date of Injury/Illness: 5/8/19 Lost Time Date, if applicable: 5/9/19
Claim Status: ☐ Workers Comp ☐ WC Claim Pending ☐ Non-Work Related
Claim #: if applicable: WC390E11478 Dominant hand: ☐ R ☐ L

Medical Excuse Actions:

- ☐ Medical Evaluation was provided by the outside treating physician.
☒ Medical Evaluation was provided by the company physician.
☐ Surgery Date:

Based on Medical Review, the employee is

Effective Date: 5/10/19

☐ Able to Work ☐ Not Able to Work

☒ Restrictions per Physical Capabilities Form

Recheck Date w/Outside Treating Physician:

Rechecked Date w/Company Physician:

Signed: _____
Company Physician/Nurse:

JOB PLACEMENT: PERSONNEL DEPARTMENT

The employee has been evaluated and is:

☐ Placed on regular work, with no restrictions☐ Placed on regular work with restrictions

1970

Date: 5-10-19 Signed: C

Supervisor: _____
 Date: _____
 Signed: _____
 Dr. J. K. K. K.

This medical evaluation does not entitle an employee to any benefits under our Company's Sick Leave Program. The medical benefits through the Workers' Compensation and Disability & Sickness Program, the employee must provide appropriate medical documentation in accordance with plan requirements. If the employee is referred to a physician or any health care provider, any expenses incurred by the employee's nonresponsibility. Such expenses may be assumed under the applicable health benefits program and will be processed in accordance with the terms of the program.

* EE was not replaced today.

MACCK0211

Behm v. Mack Trucks, et al.

UBS767 REV 6-04

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

You have an obligation to look for available employment.
Proof of available employment may jeopardize your right to receive ongoing benefits.
You have the right to consult with an attorney in order to obtain evidence to challenge the insurer's contentions.

YOU SHOULD ALSO KNOW

Attached are all documents supporting these allegations.

You were cleared to RTW per Dr. Murt on 5/10/19
See attached documentation.

Section 306(b)(3) of the Pennsylvania Workers' Compensation Act requires insurers to notify the employee when they receive medical evidence indicating the ability to return to work in some capacity.
Receipt of medical evidence indicates your present physical condition or change of condition is:

Name	Liberty Mutual Insurance Co.
Street 1	15 Kings Grant Drive
Street 2	P.O. Box 3634
City/Town	Waco, TX
State	TX
Zip Code	76798
Telephone	800.300.4472
County	
FBN	

Insurer or Third Party Administrator (if self-insured)

Name	Volvo Group W.A. Mack Trucks, Inc.
Street 1	Route 100 and Gehman Road
Street 2	
City/Town	Mackinac
State	MI
Zip Code	49762
Telephone	616.966.8878
FBN	

Employer

First Name	Colleen
Last Name	Behm
Street 1	210 Halsey Ave
Street 2	
City/Town	Reading
State	PA
Zip Code	19609
Telephone	(610) 587.0522
County	

Employee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2601
(TOLL FREE) 800-402-2389
TTY 800-552-4228

NOTICE OF ABILITY TO RETURN TO WORK

PA BWC Claim Number

Date of Injury

5/8/19

Social Security Number

188-70-4810

PA BWC Claim Number

1889017428

Date of Injury

5/8/19

Social Security Number

188-70-4810

JA000389

Collen Behm

SAP # 450939

May 10, 2019

- S: Patient presents for follow-up regarding an injury to her forehead. She states she stood up in the cab of a truck striking her head on a bracket. She did not lose consciousness. However she did report that she had a headache and nausea. She was offered a visit at the emergency room but declined instead going on her own that evening to Reading Hospital. CAT scan was performed at that time and was negative/normal. Date of that visit was May 8, 2019. The patient indicates that although she still has a headache and some photophobia she is otherwise improved. The patient is using Tylenol at this time.
- O: Examination reveals patient to be alert and oriented in no acute distress. She does report that she is photophobic. Examination of her eyes reveal EOMI, PERLA. Fundoscopic examination shows normal cup-to-disc ratio. The patient's Romberg is solidly normal. She moves upper and lower extremities through a normal range of motion. With her only symptoms currently is headache and photophobia. Examination of the area of contusion shows no evidence of an abrasion, swelling, ecchymosis or palpatory tenderness. The patient will be allowed to return to work at a very modified position placed in an area of reduced light/tinted glasses, reduce noise and primarily seated work.
- A: Head contusion
- P: #1. Patient will be allowed to work at a restricted level of duty wearing tinted glasses or reduced light environment
 2. Patient may use Tylenol at her discretion although over-the-counter dosing should not be exceeded SED
 3. Patient will follow up with me on Monday, May 13, 2019

In attendance: Tara Houck, RN, Gloria Pesola, RN, HRBP Dee Markell, Karl Kerschner, UAW
 Alan Muto, D.O.

WC #

WC 390 E 11428

Addendum: Patient indicates that she is unwilling to perform light duty. This light duty was specifically designed with low light, tinted glasses and sit down work. Patient states she still has a headache and is worried that she might become nauseous. As a result she will be sent home today under Workmen's Comp. and follow up on Monday, May 13, 2019. The patient was also offered a second opinion by a panel provider and she has a list of those providers with her. She was asked to notify us if she was to access a panel provider. Patient was offered transportation home but declined



Behm v. Mack Trucks, et al.

MACK0242

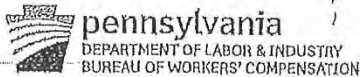
JA000390

Muto. I also requested that HR be brought into the conversation since EE was giving us issues regarding her return to work today. We also provided EE with tinted safety glasses for her to work since she had c/o of photophobia. I left the room to notify HR of all of the above and request their presence as I explained the WC process with the EE and any repercussions that may occur if she chooses to go home today. I also notified Dr. Muto that she is requesting his presence in the exam room to ask him questions about her headaches/migraines etc. When I left the room, Tara Houck RN, advised me that she had complaints about what I said regarding Medical transportation to work (EE verbalized the following: can you believe her wanting to send Mediacar for me to come to work. I should be home resting my brain. If I go out there and get sick I am "F...ing sueing!)

Dee Markell & Marta Albalade from HR came into the exam room to discuss EE's reluctance to return to work and the repercussions that could occur if the employee chooses to go home even though we have light duty work available for her today. Once again, EE explained to HR & union rep. that she prefers to go home & rest today. Marta & I explained again that since we have light duty available for her today, that she would be returned to work with full pay on a light duty assignment. If she chooses to go home, rather than work in her light duty assignment, that she would be subject to the disciplinary process of receiving a point. I also discussed with EE that she would not be paid WC because there is a waiting period for WC when you are out of work. The EE then started talking to her union rep. and stating that she wants to see her FMD/PCP for treatment. I started to explain to the EE the WC law/rights & duties/physician panel for 90 days, etc. and that she also signed the forms during her Injury report regarding this issue, when she completely looked in my direction and said, "stop talking to me"! She also stated that she did not sign these forms and I advised her that she did. She told me to go check the chart, which I did, and the signed forms were in the chart & were shown to her for review. She then started talking to her union rep. regarding that she would forget the WC part and see her FMD for treatment and work status. I then politely interjected and said to everyone present; "Colleen, with all due respect, we cannot stop you from seeing your FMD; however, I would like you to know that if you choose to go to your FMD for treatment for this alleged work injury, your bills will probably not be covered under WC by LM. Also your health insurance will not pick up the bill since you

have an open active WC claim and you may end up being stuck with the bills. I think it is important that you are aware & understand how the WC process works. I also advised EE that she can treat with any one of the physician panel providers on the list for the first 90 days if she wanted a 2nd opinion from Dr. Muto's opinion. She then asked for Dr. Muto to come into the room to discuss her work status. Dr. Muto did see her again, and advised he would place her out of work today under WC, but that he will see her again in f/u on Monday, 5/13/19 to determine her work status at that time. We also gave her another copy of the physician panel list, so that if she feels the need to get a 2nd opinion, she is more than welcome to seek care from any provider on that list. I asked EE if she wanted to be transported home by Medicare but she declined the offer. The conversations ended, and EE left the department with her union rep. at approx. 10:45 a.m. EE will be paid for the hours from 06:45 a.m. to 10:45 a.m. EE is to return on Monday, 5/13/19, for possible return to work with or without restrictions, per Dr. Muto's follow up exam.

Gloria Pesola RN



Distribution 5/29/19
**NOTICE OF WORKERS'
 COMPENSATION DENIAL**

EMPLOYEE

COLLEEN S BEHM
 216 HALSEY AVE
 READING PA 19609

DENIED*5/23/19*

Date of birth

0	5
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1	9	0	0
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 MM DD YYYY

County _____

Telephone 6106870622

DATE OF NOTICE

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2	0	1	0
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 MM DD YYYY
DATE OF INJURY

0	5
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 -

0	8
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2	0	1	0
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 MM DD YYYY
SOCIAL SECURITY NUMBER

1	1	1
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1	1
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4	0	1	0
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WC ID NUMBER

W	1	0	1	6	6	9	1	1	8
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WCAS CLAIM NUMBER

0	3	0	9	0	1	3
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EMPLOYER

Name VOLVO GROUP NORTH AMERICA INC.
 Address 7000 ALBERTIS RD
 Address _____
 City/Town MACUNGIE State PA ZIP 18082
 County _____
 Telephone 6109880078 FEIN 502431180

INJURY INFORMATION

Part of body injured
 Multiple Head Injury

Nature of Injury
 Contusion [Bruise - intact skin surface hematoma]

Accident/Injury description narrative
 EE CLIMBED INTO SLEEPER AND STRUCK HEAD ON BRACKET
 ATTACHED TO ROOF, C/O HEADACHE, NAUSEA, EARS RINGING,
 LIGHT SENSITIVE

County LEHIGH

Check if occupational disease ☐

INSURER

Name LM INSURANCE CORPORATION
 Address 111 PRESIDENTIAL BLVD STE 127
 Address _____
 City/Town BALA CYNWYD State PA ZIP 19004
 County _____
 Telephone _____ FEIN 043055504
 NAIC code 33600 Insurer code 2235
 Insurer/Administrator claim # 390E11428

TPA

Name _____
 Address _____
 Address _____
 City/Town _____ State _____ ZIP _____
 County _____
 Telephone _____ FEIN _____
 Insurer/Administrator claim # _____

NOTICE TO EMPLOYEE: The employer/insurer has decided to deny you workers' compensation benefits. You have the right to contest this denial by timely filing a petition. Petitions may be either electronically filed in WCAS or sent to the Workers' Compensation Office of Adjudication, 1010 N. Seventh St., Suite 202, Harrisburg, PA 17102-1400.

Do not use this form to accept a medical-only claim. This notice shall be sent to the employee or dependent and filed with the Bureau of Workers' Compensation via electronic format no later than 21 days after notice or knowledge to the employer of the employee's disability or death. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

Specific information regarding this claim is on the reverse side of this form.

LWC-496 REV 03-16 (Page 1)

(OVER)

Behm v. Mack Trucks, et al.



MACK0201

JA000393

May. 21, 2019 11:16AM
 From:

05/21/2019 07:49 No. 7547 P. 4
 05/21/2019

HR 5/21/19
 A&S

RECEIVED
 MACK

Mack Trucks, Inc.
 Macungie Assembly Operations
 7000 Alburis Road
 Macungie, PA 18062-9631
 Phone: 610-966-8083

MAY 21 2019

MACUNGIE MEDICAL

Name: Colleen Sara Behm ID: 450939 Date: May 13, 2019

We are sorry to hear that you are ill and want to wish you a speedy recovery. If there is anything we can do to help you medically, please do not hesitate to contact the dispensary at 610-966-8878.

Please note that any Accident & Sickness benefits in conjunction with lost time from work will only be processed if your absence is approved by an MD, DO, DDS, DPM or Psychiatrist. Any other practitioner(s) will not be accepted, which includes a Nurse Practitioner and/or Physician's Assistant.

In order for your claim to be processed efficiently, the Short Term Disability Benefits Claim Form enclosed, must be filled out completely, signed by an M.D. and faxed to the Mack Macungie HR office, 610-966-8950, or it may cause a delay in your payment of benefits.

Please note that it is your responsibility to provide HR with a copy of your return to work release upon returning to work. If you do not have this release with you, we will NOT be able to return you to work until that release is obtained. The work release should state the effective date of return with or without restrictions. If there are any restrictions attached to your release, they need to be as specific and as detailed as possible. Please be certain to convey this to your treating physician.

As a reminder, under the contract (Master Contract, Article I- Section 27(c)(3)), FMLA runs concurrent with six weeks (up to 240 hours) of accident and sickness benefits. An FMLA Certification of Health Care Provider for Employee's Serious Health Condition is enclosed. Your doctor should complete the attached form and return it to our office with 15 days.

FMLA RETURN DATE: / /
 (15 days from receipt of A&S/FMLA request)

Once again, we wish you a speedy recovery. If you should have any questions or concerns, please do not hesitate to call me at 610-966-8088.

Sincerely,

Angela Pursell
 Macungie Human Resources

/attachments



Behm v. Mack Trucks, et al.

MACK0202

JA000394

May. 21. 2019 11:15AM

05/21/2019 07:48 No. 7547 P. 32/010

SHORT TERM DISABILITY BENEFIT CLAIM FORM

ANY ATTEMPT TO ALTER, MISLEAD OR FALSIFY REQUESTED INFORMATION WILL RESULT IN SEVERE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION

PART A

EMPLOYEE'S STATEMENT

All Questions Must Be Completed by Employee - Claim Form Must Be Returned By: _____

Full Name <u>Colleen Sara Behm</u>	Badge # <u>450939</u>	Social Security Number <u>188 170 4810</u>	Date of Birth <u>05/22/1989</u>
Address <u>alle Halsey Ave</u>		City or Town <u>Reading</u>	State <u>PA</u>
If accident occurred, give Date <u>May 11, 2019</u> and time in space provided below		Is the sickness or injury due to your employment with this Company? <u>X</u> Yes <u> </u> No	
If the sickness or injury due to your employment with another employer? <u> </u> Yes <u>X</u> No		If "Yes", give full particulars below.	
Were you employed by another employer (full or part time) when disability commenced? <u> </u> Yes <u>X</u> No		If "Yes", give full particulars below and name of employer.	
First day you did not perform any work because of disability <u>May 13, 2019</u>	Date you were first treated by physician in person disability <u>May 11, 2019</u>	If recovery has occurred, give date <u>20</u>	

AUTHORIZATION TO RELEASE INFORMATION

To all physicians and other medical professionals, hospitals and other medical care institutions, and to teachers, medical or hospital services and prepaid health plans, employee and group policyholders, contract holders or benefit plan administrators,

You are authorized to provide the Company with information concerning medical care, advice, treatment or supplies provided the patient, and any other employee-related information regarding the patient, THIS INFORMATION WILL BE USED FOR THE PURPOSES OF EVALUATING AND ADMINISTERING CLAIMS FOR BENEFITS AND MAY BE DISCLOSED TO AN INDEPENDENT CLAIMS ADMINISTRATOR OR AGENT ACTING ON THE BEHALF OF THE COMPANY AND TO ANY COMPANY WORKERS' COMPENSATION CARRIERS FOR THE PURPOSES OF EVALUATING A WORKERS' COMPENSATION CLAIM.

I understand that the duration of the authorization is for the term of coverage of the policy or contract under which a claim for health benefits has been submitted.

I understand that I have a right to receive a copy of this authorization upon request. I agree that a photocopied copy of this authorization is as valid as the original.

I understand that the Company has the right to receive such information from me, including the right to receive future disability benefits, if any, or to receive such information by third parties in order to verify my workers' compensation claim that would otherwise be due me.

May 13, 2019
Employee's Signature

ANY EMPLOYEE WHO ENGAGES IN GAINFUL EMPLOYMENT WHILE ON A SICK LEAVE MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

IMPORTANT - Attending Physician must complete reverse side of this form.

** Procedure upon return from sick leave **

If you are returning to work with medical restrictions, you must report to the Medical Department for placement. If you return without medical restrictions, please forward your work release to your supervisor and the Human Resources Service Center.

PART B

EMPLOYER'S STATEMENT

Full Name of Employee		Social Security Number	
Employee's Date of Hire	Was covered by policy When disability began <u> </u> Yes <u> </u> No	Occupation	
Was employee laid off after lay off contemplated prior to beginning of this disability? <u> </u> Yes <u> </u> No	If "Yes" give date <u>20</u>	Did the sickness or injury arise out of the employee's employment? <u> </u> Yes <u> </u> No	If "Yes" state reasons in space provided below why Workers' Compensation is not payable. Employee must complete Reimbursement Agreement.
Are there any circumstances which would cause you to question the validity of the claim? <u> </u> Yes <u> </u> No	If "Yes" give reasons in space provided below	Weekly rate or monthly salary	Amount of Weekly A & S benefit
List Employee's withholding election for federal taxes (e.g., M-1)	List Holidays paid during sick leave	List number of Occasional sick days used this year	
Date Employee was first absent from work in present disability <u>20</u>	Date work was resumed <u>20</u>		
Date <u>20</u> Employer Representative _____			
Additional Space for Employee/ Employer Use (attach additional sheets for more if needed)			

Behm v. Mack Trucks, et al.

MACK0203

JA000395

May, 21, 2019 11:15AM

05/21/2019 07:48 No. 7547, 12 P. 13/010

Notice to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.

PART C ATTENDING PHYSICIANS STATEMENT - ONLY THE DOCTOR CAN COMPLETE THIS PORTION TO THE ATTENDING PHYSICIAN: Your patient has applied for or may be eligible for weekly disability income benefits. Your answer to the questions below will assist in determining if these benefits are payable. Please answer ALL applicable items, otherwise the form will be returned to you for additional information.

1. PATIENT'S FULL NAME <u>Behm Colleen</u>	
2. DIAGNOSIS AND CONCURRENT CONDITIONS CORRESPONDING ICD-9 CODE: <u>S66.0X0D 309.93x1</u> ICD-10 - (Injury) (Disability) (Illness) <u>F41.1 F43.41</u>	
3. a. Was emergency patient? <u>Yes</u> <u>No</u> b. Type of Surgical Procedure: _____ c. Date of Surgery: _____	4. IS CONDITION DUE TO INJURY OR BUSINESS ARISING OUT OF PATIENT'S EMPLOYMENT? <u>Yes</u> <u>X</u> <u>No</u>
5. DATE PATIENT WAS FIRST EXAMINED BY YOU FOR THIS CURRENT CONDITION: DATE: <u>5-13-19</u>	6. DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED: Symptoms Appeared Date: _____ <u>X</u> Accident Happened Date: <u>5-12-19</u> If Accident, Describe Nature of Accident: <u>assault - injury to face; head</u>
7. DATE OF SERVICE BY DOCTOR'S OFFICE OR HOSPITAL AFTER FIRST DATE EXAMINED (If not applicable, state "NONE") DATE: <u>5-18-19</u>	8. WAS PATIENT HOSPITALIZED? <u>Yes</u> <u>(No)</u> If Yes: Date Admitted: _____ Date Discharged: _____ Name of Hospital: _____
9. PATIENT'S NEXT SCHEDULED APPOINTMENT IS: DATE: <u>5-31-19</u>	10. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <u>Yes</u> <u>X</u> <u>No</u> If "YES" describe condition and date: _____
11. IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? <u>X</u> <u>Yes</u> <u>No</u> If "No", Explain: _____ HAS PATIENT BEEN REFERRED TO ANOTHER PHYSICIAN? <u>Yes</u> <u>X</u> <u>No</u> If "YES", Date of Referral: _____ Name of Physician: _____	12. WAS PATIENT CONTINUOUSLY TOTALLY DISABLED AND UNDER YOUR CARE? <u>X</u> <u>Yes</u> <u>No</u> If YES, FROM <u>5-12-19</u> TO <u>6-3-19</u>
13. WAS PATIENT PARTIALLY DISABLED? (If you are completing this form, please list specific restrictions in the "Remarks" Section below along with the estimated duration of the restriction(s)) If YES, FROM _____ TO _____	
14. IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK. An approximate date must be specified. Regular Work - Date: _____ Restricted Work (see No. 15) - Date: _____	
15. ATTENTION, ATTENDING PHYSICIAN If you are releasing an employee to return to work, and that employee continues to have a medical condition which would prevent or restrict his/her performance of regular work, (as required) that you clearly identify on this Accident and Sickness form: (a) Any medical restrictions and/or specific limitations applicable to the employee. (b) Any type of work the employee is able to perform. (c) Any type of work the employee is unable to perform. If you have any questions regarding this request or the scope of job functions please contact the Human Resources Service Center.	
Attending Physician Remarks (Use additional sheets if necessary) <u>5-21-19</u> <u>Diene Bonaccorsi</u> DATE PHYSICIAN'S NAME (Print) <u>1903 Morgantown Rd</u> <u>Beckers</u> STREET ADDRESS CITY OR TOWN <u>(610) 777 4040</u> <u>(610) 777 5575</u> TELEPHONE FAX NO.	
SIGNATURE <u>[Signature]</u> DOOR NO. _____ STATE <u>PA</u> ZIP CODE <u>19607</u>	
If assistance is needed in completing this form, please contact Angela Purwell (PH) 1-610-966-8083	
RETURN THIS COMPLETED FORM TO: Mack Trucks, Inc Angela Purwell 7000 Alburis Road Maple Grove, PA 15062	

Behm v. Mack Trucks, et al.

MACK0204

JA000396

May 21 2019 11:15AM

05/21/2019 07:50 No. 7547 P. 24/010

REIMBURSEMENT AGREEMENT

To: Mack Trucks, Inc. Or An Insurance Carrier Acting On Its Behalf

With respect to the weekly disability benefit payments made to me by you in connection with my claim dated May 13, 2019, provided by my employer, Mack Trucks, Inc., and in accordance with Appendix B, Article II, Section 4(g), I understand that the amount of such benefit for any week or partial week of disability shall be reduced, if applicable, by the amount of benefit payments received for such week or partial week from Workers' Compensation and/or any Occupational Disease Law or Act which provides benefits for the time lost from work due to disability.

If I am awarded any or all of the benefits enumerated above for any week or partial week for which you have paid me a disability benefit, I agree to repay, in full and in one payment, upon receipt of such award monies, the amount by which the sum of:

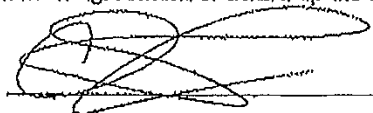
- (1) Payments received from any or all of the benefits sources enumerated above, and
- (2) Salary Continuation and/or Accident and Sickness benefit payments made by you

which exceeds the Salary Continuation and/or Accident and Sickness benefit payments made for the same period, up to the amount of said Salary Continuation and/or Accident and Sickness payments.

I further agree, that I will notify you immediately upon my receiving notice that I have been awarded Workers' Compensation benefits and/or any Occupational Disease Law or Act benefits provided for time lost from work due to disability. Should my claim be compensable, I further agree either to repay Mack Trucks, Inc., all amounts paid on my behalf under the group health benefits program, or Mack Trucks, Inc. shall be subrogated out of any Workers' Compensation agreement or award up the amount paid.

5/13/19

DATE



EMPLOYEE SIGNATURE

Colleen Sara Behm

EMPLOYEE NAME (PRINTED/TYPED)

450939

BADGE NO.

Rev 10/13

May, 21, 2019 11:16AM
From:

05/21/2019 07:50 No. 7547 P. 6 of 10

PHYSICAL CAPABILITIES CHECKLIST
LEHIGH VALLEY OPERATIONS
MEDICAL DEPARTMENT

Print Patient's Name: Dileen Sara Behm Date Completed: May 13, 2019

Dominant Hand: Right _____ Left _____

	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never	N/A
LIFTING & REACHING:						
• Floor to Waist						
• Waist to Shoulder						
• Shoulder Height or Higher						
USE OF VIBRATORY TOOLS:						
MISCELLANEOUS ACTIVITIES:						
• Sitting						
• Standing						
• Walking						
• Bending						
• Twisting						
• Stooping / Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Driving: Lift Truck / Tractor / Tractor / Car						

REPETITIVE TASKS	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never
• Grip / Grasp					
• Push / Pull					
• Fine Manipulation					
• Keyboard Operation					
• Foot Controls					

LIFTING / CARRYING	
0 Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc., in miscellaneous activities.
1 Light	20 lbs. max.; frequently up to 10 lbs.
2 Medium	50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

Estimated Length of Disability: 2-3 weeks Date released to RTW: 6-3-19Any medication that would prevent RTW activities? Yes ☒ No ☐ Explain: _____

Comments / Explanations: _____

Physician's Signature: [Signature]

May 21, 2019 11:16AM
From:05/21/2019 07:50 No. 7547 P. 5
32 56/010

Lehigh Valley Operations
7000 ALBURTIS ROAD
MACUNGIE, PA 18062-9631
PHONE# (610) 966-8878; FAX# (610) 966-8882



DIAGNOSIS TREATMENT PLAN

PLEASE FAX COMPLETED FORM BELOW TO FAX # (610) 966-8882
ASAP AT COMPLETION OF VISIT. THANK YOU!

DATE: 5/13/19 PATIENT'S NAME (print): Colleen Sara BehmDIAGNOSIS: SOFT TISSUE Laceration wrist LOC SOFT TISSUE Unlabeled
Injury to face

TREATMENT PLAN: _____

Concussion protocol and follow up May 31, 2019

DIAGNOSTIC STUDIES: _____

RETURN VISIT DATE: 5-31-19*PHYSICIAN SIGNATURE: [Signature]

*Requires MD, DO or DPM signature ONLY

PRINT PHYSICIAN'S NAME: Diane BonaccorsiPHYSICIAN'S ADDRESS: 1703 Margentown Rd Reading PA 19607PHYSICIAN'S PHONE #: 610 777 4040

Diagnostic treatment plan: updated 7/16/16

From:

05/21/2018 07:50

#182 P.007/010

**Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)**

RECEIVED
U.S. Department of Labor
Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT

MACUNGIE MEDICAL

OMB Control Number: 1235-0103
Expires: 5/31/2018**SECTION I: For Completion by the EMPLOYER**

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: ANGELA PURSELL; MACK TRUCKS INC. PH: 610-966-8083 FAX: 610-966-8950Employee's job title: Production Flex Regular work schedule: 1st 6:45-2:45Employee's essential job functions: Flex

Check if job description is attached:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections, 29 U.S.C. §§ 2613, 2614(a)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request, 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form, 29 C.F.R. § 825.305(b).

Your name: Colleen Sara Behm
First Middle Last**SECTION III: For Completion by the HEALTH CARE PROVIDER**

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: INTEGRATED MEDICAL GROUP, P.C.
GREEN HILLS FAMILY PRACTICE ASSOCIATES, LLCType of practice / Medical specialty: Diane J. Bonaccorsi, M.D., Kimberly Hauenzahn, D.O.
B. Charles Muvdi, M.D., Brent Calhoon, PA-CTelephone: () Fax: Kristin Kimma, CRNP
1903 Morgantown RoadReading, Pa 19607
610-777-4040

Page 1

Form WH-380-B Revised May 2015

Behm v. Mack Trucks, et al.

MACK0128

JA000400

From:

05/21/2019 07:51

#182 P.008/010

PARTIAL MEDICAL FACTS1. Approximate date condition commenced: 5-12-19Probable duration of condition: 2-3 weeks

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

5-13-19Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes.Was medication, other than over-the-counter medication, prescribed? ☒ No ☐ Yes.Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
☒ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

all

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Headache from concussion made worse with mental and physical activity prolonging injury/debility

Page 2

CONTINUED ON NEXT PAGE

Form WH-350-B Revised May 2015

From:

05/21/2019 07:51

#182 P.009/010

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☒ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: 5-12-19 6-3-19

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☒ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☒ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

office visit every 2 weeks next appt 5-31-19

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ No ☐ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☐ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBERS WITH YOUR ADDITIONAL ANSWER

Page 3

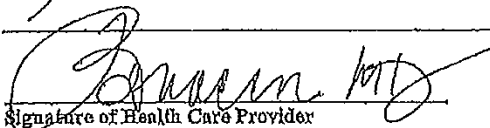
CONTINUED ON NEXT PAGE

Form WH-380-E Revised May 2015

From:

06/21/2019 07:51

#182 P.010/010

 5/21/19

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

Page 4

Form WH-360-II Revised May 2013



Date: 5/21/19

Colleen Behm
216 Halsey Ave.
Reading, PA 19609

Dear Colleen Behm,

Based on the Mack/ UAW Benefit contract and the available medical information you provided, your medical leave of absence has been approved from 5/13/19 with a RTW date of 6/3/19. Please note benefits for an eligible employee shall begin on the eighth consecutive day of disability due to sickness.

If your doctor clears you for work at an earlier date, you must return to work on that date.

If your doctor plans to release you to work later, the enclosed Supplementary Medical form must be completed by your doctor and returned to our office before 6/3/19 to ensure uninterrupted benefits.

Your Accident & Sickness benefits will stop on the above date unless otherwise advised. You will be expected to report to work on the next business day since you will no longer be on an approved sick leave.

Please allow up to 2 weeks for processing.

If you have any questions pertaining to your claim please contact the Dispensary at 610-966-8878.

Sincerely,

Your Human Resource Department

Cc: HRBP

Mack Trucks Inc.
7000 Alburtils Road
Macungie, PA 18062



2019-May, 29, 2019 1:15PM

test 2 >>

No. 7571 P. 5 6/10

PHYSICAL CAPABILITIES CHECKLIST
LEHIGH VALLEY OPERATIONS
MEDICAL DEPARTMENT

Print Patient's Name: Colleen Sara Behm Date Completed: May 13, 2019Dominant Hand: Right Left

	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never	N/A
* LIFTING & REACHING:						
• Floor to Waist				/		
• Waist to Shoulder				/		
• Shoulder Height or Higher				/		
* USE OF VIBRATORY TOOLS:						
* MISCELLANEOUS ACTIVITIES:						
• Sitting	/					
• Standing			/			
• Walking			/			
• Bending			/			
• Twisting			/			
• Stopping / Squatting				/		
• Kneeling				/		
• Climbing				/		
• Crawling				/		
• Driving: Light Truck / Tractor Trailer / Car				/		

PLEASE CIRCLE APPROPRIATE EXTREMITY: RIGHT HAND LEFT HAND BOTH HANDS					
* REPETITIVE TASKS	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never
• Grip / Grasp		/			
• Push / Pull		/			
• Fine Manipulation		/			
• Keyboard Operation		/			
• Foot Controls		/			

LIFTING / CARRYING:	
0 Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc., in miscellaneous activities.
0 Light	20 lbs. max.; frequently up to 10 lbs.
0 Medium	50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

Estimated Length of Disability: 7-8 weeks Date released to RTW: 6-3-19 7-1-19Any medication that would prevent RTW activities? Yes X No Explain: none new dateComments / Explanations: Physician's Signature: [Signature]

Behm v. Mack Trucks, et al.



MACK0200

JA000405

2019-May. 29. 2019:c 1:15PM

Updated

test 2 >>

No. 7571 P. 6 7/10

6-10-19 - OK continuous 5-12-19 to 7-1-19

**Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)**

U.S. Department of Labor
Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR OR RETURN TO THE EMPLOYER

OSHA Control Number 1225-0000
Revised 4/31/2010

SECTION I: For Completion by the EMPLOYER
INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not make the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes in confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: ANGELA FURSELL; MACK TRUCKS INC. PH: 610-968-8003 FAX: 610-968-8950

Employee's job title: Production Flex Regular work schedule: 1st 6:45-2:45

Employee's essential job functions: FLX

Check if job description is attached

SECTION II: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2619, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: Oliver Sam Behm 450 939
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(g), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(h). Please be sure to sign the form on the last page.

Provider's name and business address: INTEGRATED MEDICAL GROUP P.C.

GREEN HILLS FAMILY PRACTICE ASSOCIATES, L.L.C.

Diane T. Bonaguidi, M.D., Kimberly Kautzmann, D.O.,

B. Charles Muvdi, M.D., Brenti Oshroon, PA-C

Kristin Kimma, CRNP

1803 Morgantown Road

Reading, Pa 19807

610-777-4040

Telephone: () Fax: ()

Page 1

Form WH-380-B Revised May 2015

2019-May-29-2019 1:16PM

test 2 >>

No. 7571 P. 7 8/10

PART A: MEDICAL FACTS1. Approximate date condition commenced: 5-12-19Probable duration of condition: 2-3 weeks 2-3 weeks
2-3 weeks

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

5-13-19 5-29-19Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes.Was medication, other than over-the-counter medication, prescribed? ☒ No ☐ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

☒ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:Neurologist2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

all

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Headache from concussion made worse with mental workphysical activity, prolonged injury / disability

Page 2

CONTINUED ON NEXT PAGE

Form WH-380-B Revised May 2015

2019-May. 29. 2019 1:16PM

test 2 >>

No. 7571 P. 8 9/10

PART B: AMOUNT OF LEAVE REQUIRED5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No ☒ Yes.If no, estimate the beginning and ending dates for the period of incapacity: 5-12-19 6-25-196. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No ☒ Yes.If so, are the treatments or the reduced number of hours of work medically necessary?
No ☒ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

office visit every 2 weeks next appt 5-21-19 6-28-19

Estimate the part-time or reduced work schedule the employee needs, if any:

hour(s) per day: days per week from through7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ No Yes.Is it medically necessary for the employee to be absent from work during the flare-ups?
No Yes. If so, explain

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: 1 times per week(s) month(s)Duration: hours or day(s) per episode**ANY INFORMATION ABOUT THE EMPLOYEE'S MEDICAL CONDITION THAT IS NOT RELEVANT TO THE CURRENT CASE**

Page 2

CONTINUED ON NEXT PAGE

Form WH-500-B Revised May 2015

2019-May. 29. 2019 1:16 PM

test 2 >>

No. 7571 P. 9 10/10

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administration Wage and Hour Division, U.S. Department of Labor, Room S-3402, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND COMMENTS FORW TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

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Form WH-360-M Revised May 2015



MACK TRUCKS, INC.
LEHIGH VALLEY OPERATIONS
7000 ALBURTIS ROAD
MAGUNGIE, PA 18062-8631

June 14, 2019

Colleen Behm
216 Halsey Ave.
West Lawn, Pa 19609

Dear Employee:

Enclosed, is the Notice of Eligibility and Designation Notice related to your request for a Family and Medical Leave. It identifies the status of your request. It also provides, information about other matters related to your leave, such as your leave schedule and any required Return to Work Certification. Please read the Notice carefully. Upon taking any leave, you must notify us of any requested time, by notice of the Mack Truck Inc. call off procedure. Failure to notify may be subject to the terms of the attendance policy.

If you have questions about this, please let me know.

Sincerely,

Ayesha White
HR Coordinator

Enclosure: Designation Notice
Notice of Eligibility



Notice of Eligibility and Rights &
Responsibilities
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 5/31/2018

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A - NOTICE OF ELIGIBILITY]

TO: Colleen Behm - 450939
Employee

FROM: Ayesha White
Employer Representative

DATE: 5/13/2019

On 5/29/2019, you informed us that you needed leave beginning on 5/12/2019 for

☐ The birth of a child, or placement of a child with you for adoption or foster care;

☒ Your own serious health condition;

☐ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition,

☐ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on covered active duty or call to covered active duty status with the Armed Forces,

☐ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

☒ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

☒ Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.

☒ You have not met the FMLA's hours of service requirement.

☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact Kalllyn O'Neill - HRBP or view the FMLA poster located in _____

[PART B - RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

☐ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is/ is not enclosed.

☐ Sufficient documentation to establish the required relationship between you and your family member.

☐ Other information needed (such as documentation for military family leave): _____

☐ No additional information requested

CONTINUED ON NEXT PAGE

Form WH-381 Revised February 2013

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- _____ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- _____ You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- _____ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We _____ have/_____ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- _____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____ (indicate interval of periodic reports as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - _____ the calendar year (January–December),
 - _____ a fixed leave year based on _____
 - ☒ the 12-month period measured forward from the date of your first FMLA leave usage,
 - _____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ sick, _____ vacation, and/or _____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

_____ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____

_____ Applicable conditions for use of paid leave: _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact
 Ayesha White at 610.988.8905

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

Designation Notice
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(e), 825.301, and 825.305(e).

To: Colleen Behm - 450839

Date: 06/14/2019

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on 6/29/2019 and decided:

 Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

 Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

 Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

 You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

 We are requiring you to substitute or use paid leave during your FMLA leave.

 You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

 Additional information is needed to determine if your FMLA leave request can be approved:

 The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.
(Provide at least seven calendar days)

(Specify information needed to make the certification complete and sufficient)

 We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

 Your FMLA Leave request is Not Approved.

 The FMLA does not apply to your leave request.

 You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10-30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

Form WH-382 January 2009

From:

08/12/2019 15:35

#755 P.001/010

Colleen S Behm DOB 05/22/1989 INTEGRATED MEDICAL GROUP, PC

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Page #1

Mack Trucks, Inc.
Macungie Assembly Operations
7000 Alburys Road
Macungie, PA 18062-9531
Phone: 610-966-8083

MACK

HR. 8/13/19

Name: Colleen Sara Behm AP: 450939 Date: May 13, 2019

We are sorry to hear that you are ill and want to wish you a speedy recovery. If there is anything we can do to help you medically, please do not hesitate to contact the dispensary at 610-966-8878.

Please note that any Accident & Sickness benefits in conjunction with lost time from work will only be processed if your absence is approved by an MD, DO, DDS, DPM or Psychiatrist. Any other practitioner(s) will not be accepted, which includes a Nurse Practitioner and/or Physician's Assistant.

In order for your claim to be processed efficiently, the Short Term Disability Benefits Claim Form enclosed, must be filled out completely, signed by an M.D. and faxed to the Mack Macungie HR office, 610-966-8860, or it may cause a delay in your payment of benefits.

Please note that it is your responsibility to provide HR with a copy of your return to work release upon returning to work. If you do not have this release with you, we will NOT be able to return you to work until that release is obtained. The work release should state the effective date of return with or without restrictions. If there are any restrictions attached to your release, they need to be as specific and as detailed as possible. Please be certain to convey this to your treating physician.

As a reminder, under the contract (Master Contract, Article I- Section 27(c)(8)), FMLA runs concurrent with six weeks (up to 240 hours) of accident and sickness benefits. An FMLA Certification of Health Care Provider for Employee's Serious Health Condition is enclosed. Your doctor should complete the attached form and return it to our office with 15 days.

FMLA RETURN DATE: / /
(15 days from receipt of A&S/FMLA request)

Once again, we wish you a speedy recovery. If you should have any questions or concerns, please do not hesitate to call me at 610-966-8083.

Sincerely,

RECEIVED

AUG 12 2019

Angela Pursell
Macungie Human Resources

MACUNGIE MEDICAL

/attachments

EXHIBIT

tabbies

28

Behm v. Mack Trucks, et al.

MACK0094

JA000414

From:

04/12/2019 15:35

#755 P.002/010

o/leen S Behm DOB 05/22/1989 INTEGRATED MEDICAL GROUP, PC

Page #2

Page #2

ANY ATTEMPT TO ALTER, MISLEAD OR FALSIFY REQUESTED INFORMATION WILL RESULT
IN SEVERE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION

PART A

EMPLOYEE'S STATEMENT

All Questions Must Be Completed by Employee - Claim Form Must Be Returned By:

Name <u>o/leen S. Behm</u>	Medical <u>450939</u>	Medical Specialty/Number <u>188 170 1410</u>	Date of Birth <u>05/22/1989</u>
Address <u>216 Halsey Ave</u>	City or Town <u>Reading</u>	State <u>PA</u>	Zip <u>19609</u>
If employee injured Date <u>May 14</u> 20 <u>19</u> Reason for Injury <u>Work Related Injury</u>	Is the sickness or injury due to your employment with the company? <u>Yes</u> <u>X</u> <u>No</u> <u>X</u>		
If "Yes", give full particulars in space provided below, or on separate sheet.			
Have you ever been employed by another employer (full or part-time) when disability commenced? <u>Yes</u> <u>X</u> <u>No</u> <u>X</u>			
If "Yes", give full particulars below and name of employer.			
Date you were last employed by company <u>May 14</u> 20 <u>19</u>		Date you were last employed by physician <u>May 14</u> 20 <u>19</u>	
Physician's name <u>Dr. [illegible]</u>		Physician's address <u>[illegible]</u>	

AUTHORIZATION TO RELEASE INFORMATION

To all physicians and other medical professionals, hospitals and other medical care institutions, and to lawyers, insurers, or hospital workers and payroll health plans, employees and family members, I hereby authorize the release of all information concerning my medical condition, treatment, and any other employment related information regarding the period from the date of my injury to the date of my discharge. I understand that the release of this information is for the purpose of evaluating a workers' compensation claim. I understand that I have a right to receive a copy of this information upon request. I agree that a photocopy of this information is not valid in the event of a dispute. I understand that the Company has the right to receive such information upon request, including the right to release such information to its insurer, if any, or to any other entity as may be required by law.

May 13 2019

ANY EMPLOYEE WHO ENGAGES IN GAINFUL EMPLOYMENT WHILE ON A SICK LEAVE MAY BE
SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

IMPORTANT - Attending Physician must complete reverse side of this form.

If you are returning to work with medical restrictions, you must report to the Medical Department the placement. If you return without medical restrictions, please forward your work release to your Supervisor and the Human Resources Services Center.

PART B

EMPLOYER'S STATEMENT

Name of Employee <u>o/leen S. Behm</u>	Medical Specialty Number <u>188 170 1410</u>
Employed Date of Hire <u>May 14</u> 20 <u>19</u>	Not covered by law When disability began <u>Yes</u> <u>X</u> <u>No</u> <u>X</u>
Did the employee hold full or part time employment prior to beginning of disability? <u>Yes</u> <u>X</u> <u>No</u> <u>X</u>	Did the sickness or injury arise out of the Employer's employment? <u>Yes</u> <u>X</u> <u>No</u> <u>X</u>
Are there any circumstances which should cause you to question the validity of the claim? <u>Yes</u> <u>X</u> <u>No</u> <u>X</u>	If "Yes" give reasons in space provided below. If "No" state reasons in space provided below. <u>None</u>
Did Employer authorize release of information for release to (a, b, c, d)? <u>Yes</u> <u>X</u> <u>No</u> <u>X</u>	Did Employer pay during sick leave <u>Yes</u> <u>X</u> <u>No</u> <u>X</u>
Date Employer was last advised of work status <u>May 14</u> 20 <u>19</u>	Date work was resumed <u>May 14</u> 20 <u>19</u>
Date <u>May 14</u> 20 <u>19</u> Employee Representative <u>[illegible]</u>	
Additional Space For Employer/Employee Use (attach additional sheets for more information)	

#755 P.003/010

Olleen S Behm DOB 06/22/1988 INTEGRATED MEDICAL GROUP, PC

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_Page 113

"Add to all parties completing this form. It is mandatory to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts."

PART C ATTENDING PHYSICIANS STATEMENT - ONLY THE DOCTOR CAN COMPLETE THIS PORTION
TO THE ATTENDING PHYSICIAN: Your patient has applied for or may be eligible for weekly disability income benefits. Your answers to the questions below will be used in determining if these benefits are payable. Please note: ALL responses must, otherwise this form will be returned to you for additional information.

[illegible]

Form:

08/12/2019 15:38

#755 P.005/010

Colleen S Behm DOB 05/22/1989 INTEGRATED MEDICAL GROUP, PC

—Page #5
Page #/5

Lehigh Valley Operations
7000 ALBERTIS ROAD
MACUNGIE, PA 18062-8831
PHONE# (610) 866-8878; FAX# (610) 866-8882



DIAGNOSIS TREATMENT PLAN

PLEASE FAX COMPLETED FORM BELOW TO FAX# (610) 866-8882
ASAP AT COMPLETION OF VISIT. THANK YOU!

DATE: 5/13/19 PATIENT'S NAME (print): Colleen Sara Behm

DIAGNOSIS: SCG 04000 (conclusion) w/out loc 501.93.10 Unspecified injury to knee

TREATMENT PLAN:

Conclusion protocol and follow up May 31, 2019addendum: conclusion worse after procedureaddendum: SW June 28, 2019New oppt date Aug 22, 2019

DIAGNOSTIC STUDIES:

RETURN VISIT DATE: 5-31-19 6-28-19 7-18-19

PHYSICIAN SIGNATURE:

[Signature]
*Requires MD, DO or DPM signature ONLYPRINT PHYSICIAN'S NAME: Diane BonicardiPHYSICIAN'S ADDRESS: 1703 Morgantown Rd Reading PA 19607PHYSICIAN'S PHONE #: 610 777 4040

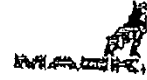
Diagnosis treatment plans, updated 7/12/18

From:

04/12/2019 15:36

4785 P.006/010

Colleen S Behm DOB 06/22/1989, INTEGRATED MEDICAL GROUP, PC

Page #6
Page #6PHYSICAL CAPABILITIES CHECKLIST
LEHIGH VALLEY OPERATIONS
MEDICAL DEPARTMENTPrint Patient's Name: Colleen Sara BehmDate Completed: May 13, 2019Dominant Hand: Right Left

	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never	N/A
LIFTING & REACHING:						
• Floor to Waist						
• Waist to Shoulder						
• Shoulder Height or Higher						
USE OF VIBRATORY TOOLS:						
MISCELLANEOUS ACTIVITIES:						
• Sitting						
• Standing						
• Walking						
• Bending						
• Twisting						
• Stooping / Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Driving: L/R Truck / Tractor Trailer / Car						

	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never
PLEASE CIRCLE APPROPRIATE EXERTION:					
DEPRESSIVE TASKS					
• Grip / Grasp					
• Push / Pull					
• Fine Manipulation					
• Keyboard Operation					
• Foot Controls					

LIFTING / CARRYING:	
0 Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc., in miscellaneous activities.
1 Light	20 lbs. max.; frequently up to 10 lbs.
2 Medium	50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

Estimated Length of Disability: 2-3 weeksDate released to RTW: 7/19/19Any medication that would prevent RTW activities? Yes X No Explain: error new date new dateComments / Explanation: Aug 22 2019 new date FLPhysician's Signature: B. M. M. M. M. M.

From:

08/12/2019 16:37

#765 P.007/010

8/13/19 of extended leave
 Aileen S. Behm, DOB 05/22/1989, INTEGRATED MEDICAL GROUP, PC

Page #7
 Page #7

**Certification of Health Care Provider for
 Employee's Serious Health Condition
 (Family and Medical Leave Act)**

U.S. Department of Labor
 Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT

OSHA Control Number: 1215-0093
 Expires: 8/31/2018

SECTION I: For Completion by the EMPLOYER
INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protection because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.305-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees covered for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(e)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: ANGELA PURSELL; MACK TRUCKS INC. PH: 610-966-8083 FAX: 610-966-8960

Employee's job title: Production Flex Regular work schedule: 1st 6:45-2:45

Employee's essential job functions: FLX

Check if job description is attached:

SECTION II: For Completion by the EMPLOYER
INSTRUCTIONS to the EMPLOYER: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections, 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request, 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form, 29 C.F.R. § 825.305(b).

Your name: Aileen Sara Behm
 First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER
INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(f), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(f). Please be sure to sign this form on the last page.

Provider's name and business address: INTEGRATED MEDICAL GROUP, PC
GREEN HILLS FAMILY PRACTICE ASSOCIATES, LLC
Dore T. Bonaccorsi, M.D., Kimberly Haukzinski, D.O.,
B. Charles Muvil, M.D., Brent Calhoun, PA-C
 Type of practice / Medical specialty: Primary Care
 Telephone: () 610-777-4040 Fax: () 610-777-4040
1903 Morganstown Road
Reading, Pa 19607

Page 1

Form WH-380-E Revised May 2015

RECEIVED

AUG 12 2019

MACOUNGIE MEDICAL

From:

08/12/2019 16:37

#755 P.008/010

olleen S. Behm DOB 05/22/1989 INTEGRATED MEDICAL GROUP, PC

Page #18

Page #18

PART A: MEDICAL FACTS1. Approximate date condition commenced: 5-13-19Probable duration of condition: 2-3 weeks 2-3 months 3-6 weeks
error error

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

5-13-19 7-29-19Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes.Was medication, other than over-the-counter medication, prescribed? ☒ No ☐ Yes.Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapy)?
☒ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:Neurologist new appt date Aug 22 20192. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

all

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

headache from concussion made worse with mental and
physical activity prolonging injury / disability

Page 2

CONTINUED ON NEXT PAGE

Form WH-100-11 Revised May 2015

From:

08/12/2018 15:38

#755 P.009/010

Sileen S Behm DOB 05/22/1989 INTEGRATED MEDICAL GROUP, PC

Page #9

Page #9

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No ☒ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: 5-12-19 6-28-19 7-19-19

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No ☒ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary? No ☒ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

office visit every 2 weeks next appt 5-28-19 6-28-19

Estimate the part-time or reduced work schedule the employee needs, if any:

hour(s) per day: days per week from through

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ No ☐ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups? No ☐ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: 1 times per 3 week(s) 3 month(s)

Duration: 1 hour or 1 day(s) per episode

WHEN THE EMPLOYEE'S MEDICAL HISTORY AND YOUR KNOWLEDGE OF THE MEDICAL CONDITION, ESTIMATE THE FREQUENCY OF FLARE-UPS AND THE DURATION OF RELATED INCAPACITY THAT THE PATIENT MAY HAVE OVER THE NEXT 6 MONTHS (E.G., 1 EPISODE EVERY 3 MONTHS LASTING 1-2 DAYS):

Page 3

CONTINUED ON NEXT PAGE

Form WH-349-M Revised May 2015

From:

08/12/2018 16:38

#756 P.010/010

O'Brien S Behm DOB 05/22/1989 INTEGRATED MEDICAL GROUP, PC
INTEGRATED MEDICAL GROUP, PC

Page #10

Page #10


Signature of Health Care Provider

Date

5/21/19

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT
If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administration, Wage and Hour Division, U.S. Department of Labor, Room E-3302, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND COMPLETED FORMS TO THE DEPARTMENT OF LABOR; RETURN TO THE FACTIVE.

Page 4

Form WDL-340-B Revised May 2013

Sep. 10. 2019 2:30PM

NEUROLOGY DOB STE 210

No. 7269 P. 6



Mack Trucks, Inc.
Lehigh Valley Ops.
7000 Alburtle Road
Macungie, PA 18062-9631
Phone: 610-966-8083

Name: Colleen Sara Behm SAP: 450939 Date: Aug. 22, 2019

We are sorry to hear that you are ill and want to wish you a speedy recovery. If there is anything we can do to help you medically, please do not hesitate to contact the dispensary at 610-966-8878.

Please note that any Accident & Sickness benefits in conjunction with lost time from work will only be processed if your absence is approved by an MD, DO, DDS, DPM or Psychiatrist. Any other practitioner(s) will not be accepted, which includes a Nurse Practitioner and/or Physician's Assistant.

In order for your claim to be processed efficiently, the Short Term Disability Benefits Claim Form enclosed, must be filled out completely, signed by an M.D. and faxed to the Mack Macungie Medical office, 610-966-8882, or it may cause a delay in your payment of benefits.

Please note that it is your responsibility to provide HR with a copy of your return to work release upon returning to work. If you do not have this release with you, we will NOT be able to return you to work until that release is obtained. The work release should state the effective date of return with or without restrictions. If there are any restrictions attached to your release, they need to be as specific and as detailed as possible. Please be certain to convey this to your treating physician.

As a reminder, under the contract (Master Contract, Article I- Section 27 (c)(8)), FMLA runs concurrent with six weeks (up to 240 hours) of accident and sickness benefits. An FMLA Certification of Health Care Provider for Employee's Serious Health Condition is enclosed. Your doctor should complete the attached form and return it to our office with 15 days.

FMLA RETURN DATE: / /
(15 days from receipt of A&S/FMLA request)

Once again, we wish you a speedy recovery. If you should have any questions or concerns, please do not hesitate to call me at 610-966-8088.

Sincerely,

Macungie Human Resources

/attachments

Behm v. Mack Trucks, et al.



MACK0174

JA000423

Sep. 10. 2019 2:30PM

NEUROLOGY DOB STE 210

No. 7269 P. 7

SHORT-TERM DISABILITY BENEFIT CLAIM FORM

ANY ATTEMPT TO ALTER, MISLEAD OR FALSIFY REQUESTED INFORMATION WILL RESULT
IN SEVERE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION

PART A

EMPLOYEE'S STATEMENT

All Questions Must Be Completed by Employee - Claim Form Must Be Returned By: _____

Full Name <u>Colleen Sara Behm</u>		Badge# <u>450989</u>	Social Security Number <u>188 1706 48106</u>	Date of Birth <u>05/22/1989</u>
Address Street <u>216 Halsey Ave</u>		City or Town <u>West Lawn</u>	State <u>PA</u>	Zip <u>19609</u>
Incident occurred give Date <u>May 11 2019</u> Describe in brief <u>Assault Victim</u>		Is this sickness or injury due to your employment with the Company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give full particulars in space provided below, or on separate sheet.		
Is this sickness or injury due to your employment with another employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give full particulars below.				
Were you employed by another employer (full or part-time) when disability commenced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give full particulars below and name of employer.				
What day you did not perform any work because of disability <u>May 13 2019</u>		Date you were first injured by physician in present disability <u>May 13 2019</u>		If recovery has occurred, give date <u>20</u>
<p align="center">AUTHORIZATION TO RELEASE INFORMATION</p> <p>To all physicians and other medical professionals, hospitals and other medical care institutions, and to insurers, medical or hospital services and prepaid health plans, employees and group policies, etc., contract holders or benefit plan administrators.</p> <p>You are authorized to provide the Company with information concerning medical care, advice, treatment or supplies provided the patient, and any other employment related information regarding the patient. THIS INFORMATION WILL BE USED FOR THE PURPOSES OF EVALUATING AND ADMINISTERING CLAIMS FOR BENEFITS AND MAY BE DISCLOSED TO AN INDEPENDENT CLAIMS ADMINISTRATOR OR AGENCY ACTING ON THE BEHALF OF THE COMPANY AND TO ANY COMPANY WORKERS' COMPENSATION CARRIERS FOR THE PURPOSE OF EVALUATING A WORKERS' COMPENSATION CLAIM.</p> <p>I understand that the duration of this authorization is for the term of coverage of the policy or contract under which a claim for health benefits has been submitted. I understand that I have a right to receive a copy of this authorization upon request. I agree that a photocopied copy of this authorization is as valid as the original.</p> <p>If I receive a disability benefit payment greater than that which should have been paid, I understand that the Company has the right to recover such overpayment from me, including the right to reduce future disability benefits, if any, or to recoup such overpayment by withholding benefits from any Company benefit plan that would otherwise be due to me.</p> <p><u>Aug 22 2019</u> Date <u>[Signature]</u> Employee's Signature</p>				
<p align="center">ANY EMPLOYEE WHO ENGAGES IN GARNUL EMPLOYMENT WHILE ON A SICK LEAVE MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.</p> <p align="center">IMPORTANT - Attending Physician must complete reverse side of this form.</p> <p align="center">** Procedure upon return from sick leave **</p> <p>If you are returning to work with medical restrictions, you must report to the Medical Department for placement. If you return without medical restrictions, please forward your work release to your Supervisor and the Human Resources Service Center.</p>				

PART B

EMPLOYER'S STATEMENT

Full Name of Employee			Social Security Number	
Employee Date of Hire	Was coverage in force When disability began?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Occupation	
Was employee laid off or was lay off contemplated prior to beginning of this disability? <u>20</u>	If "Yes" at give date	Did the sickness or injury arise out of the Employee's employment? <u>20</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes" state reasons in space provided below why Workers' Compensation is not payable. Employees must complete Reimbursement Agreement.
Are there any circumstances which would cause you to question the validity of the claim? <u>20</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes" give reasons in space provided below	Weekly rate or monthly salary	Amount of weekly A & S benefit
Has Employee withholding election for federal taxes (A-S, M-1)	Has Holiday paid during sick leave	Has number of Occasional sick days used this year		
Date Employee was first absent from work (in present disability) <u>20</u>	Date work was resumed <u>20</u>			
Date <u>20</u> Employer Representative <u></u>				
Additional Space For Employee/ Employer Use (Attach additional sheets for more information)				

Behm v. Mack Trucks, et al.

MACK0175

JA000424

Sep. 10, 2019 2:31PM

NEUROLOGY DOB STE 210

No. 7269 P. 8

REIMBURSEMENT AGREEMENT

To: Mack Trucks, Inc. Or An Insurance Carrier Acting On Its Behalf

With respect to the weekly disability benefit payments made to me by you in connection with my claim dated May 13, 2019, provided by my employer, Mack Trucks, Inc., and in accordance with Appendix B, Article II, Section 4(g), I understand that the amount of such benefit for any week or partial week of disability shall be reduced, if applicable, by the amount of benefit payments received for such week or partial week from Workers' Compensation and/or any Occupational Disease Law or Act which provides benefits for the time lost from work due to disability.

If I am awarded any or all of the benefits enumerated above for any week or partial week for which you have paid me a disability benefit, I agree to repay, in full and in one payment, upon receipt of such award monies, the amount by which the sum of:

- (1) Payments received from any or all of the benefits sources enumerated above, and
- (2) Salary Continuation and/or Accident and Sickness benefit payments made by you

which exceeds the Salary Continuation and/or Accident and Sickness benefit payments made for the same period, up to the amount of said Salary Continuation and/or Accident and Sickness payments.

I further agree, that I will notify you immediately upon my receiving notice that I have been awarded Workers' Compensation benefits and/or any Occupational Disease Law or Act benefits provided for time lost from work due to disability. Should my claim be compensable, I further agree either to repay Mack Trucks, Inc., all amounts paid on my behalf under the group health benefits program, or Mack Trucks, Inc. shall be subrogated out of any Workers' Compensation agreement or award up the amount paid.

Aug 22, 2019

DATE

EMPLOYEE SIGNATURE

Colleen Sara Behm

EMPLOYEE NAME (PRINTED/TYPED)

450989

BADGE NO.

Sep. 10. 2019 2:28PM

NEUROLOGY DOB STE 210

No. 7269 P. 3

MACK TRUCKS, INC.
LEHIGH VALLEY OPERATIONS
7000 ALBERTIS ROAD
MACUNGIE, PA. 18062-9631
PHONE # (610) 966-8878

PLEASE FAX COMPLETED FORM BELOW TO FAX # (610) 966-8882 ASAP
AT COMPLETION OF VISIT OR BRING COMPLETED FORM DIRECTLY
TO MACK DISPENSARY

DATE: 8/22/19

PRINT PATIENT'S NAME: COLLEEN SARA BEHM

DIAGNOSIS: (1) MULTIPLE CONCUSSIONS (2) POST CONCUSSION SYNDROME
(3) POSTTRAUMATIC STRESS DISORDER (4) MEMORY LOSS
(5) POST TRAUMATIC MIGRAINE HEADACHES

TREATMENT PLAN: (1) IMITREX 100 mg + ANAPROX 550 mg
at onset of migraine + naprox 22 PM
(2) THERAPY FOR POST TRAUMATIC STRESS
(3) GLOBAL NEUROTRAP TO EVALUATE MEMORY LOSS & COGNITION

DIAGNOSTIC STUDIES: GLOBAL NEUROTRAP

RETURN VISIT DATE: 11/7/19 3:15 PM

PRINT PHYSICIAN'S NAME: L. BAZOWSKI MD

PHYSICIAN'S ADDRESS/PHONE #: 301 S 7th Ave Suite 210

464 Leas-Grove West Reading PA 19601

PHYSICIAN'S SIGNATURE: L. Bazowski MD

**Requires MD, DO or DPM Signature Only

Reviewed / Revised 08/27/2018

Sep. 10. 2019 2:29PM

NEUROLOGY DOB STE 210

No. 7269 P. 4

**PHYSICAL CAPABILITIES CHECKLIST
LEHIGH VALLEY OPERATIONS
MEDICAL DEPARTMENT**

Print Patient's Name: _____ Date Completed: _____

Dominant Hand: Right _____ Left _____

	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never	N/A
* LIFTING & REACHING:						
• Floor to Waist						
• Waist to Shoulder						
• Shoulder Height or Higher						
* USE OF VIBRATORY TOOLS:						
* MISCELLANEOUS ACTIVITIES:						
• Sitting						
• Standing						
• Walking						
• Bending						
• Twisting						
• Stopping / Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Driving: Life Truck / Tractor / Trailer / Car						

PLEASE CIRCLE APPROPRIATE EXTREMITY: RIGHT HAND LEFT HAND BOTH HANDS					
* REPETITIVE TASKS	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never
• Grip / Grasp					
• Push / Pull					
• Fine Manipulation					
• Keyboard Operation					
• Foot Controls					

LIFTING / CARRYING:	
0 Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc., in miscellaneous activities.
0 Light	20 lbs. max.; frequently up to 10 lbs.
0 Medium	50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

Estimated Length of Disability: _____ Date released to RTW: _____

Any medication that would prevent RTW activities? Yes _____ No _____ Explain: _____

Comments / Explanations: Dr. Brzezowski is not trained to do
physical capabilities assessments - he filled out what he could.

Physician's Signature: _____

SEP. 10, 2019 - 2:28PM NEUROLOGY DOB STE 210 No. 7269
 "Notice to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts." *HR 9/10/19*

PART C ATTENDING PHYSICIANS STATEMENT - ONLY THE DOCTOR CAN COMPLETE THIS PORTION
TO THE ATTENDING PHYSICIAN: Your patient has applied for or may be eligible for weekly disability income benefits. Your answers to the questions below will assist us in determining if these benefits are payable. Please answer ALL applicable items, otherwise the form will be returned to you for additional information.

1. PATIENT'S FULL NAME COLUMAN SARA BEHM	
2. DIAGNOSIS AND CONCURRENT CONDITIONS MULTIPLE CONCUSSIONS IF PREGNANT, APPROXIMATE DATE COMBINATION: POST CONCUSSION SYNDROME POST TRAUMATIC MIGRAINES POST CONCUSSION LOSS OF COORDINATION <small>ICD-10 - International Classification of Diseases</small> DATE: _____	
3. a. Was surgery performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Type of Surgical Procedure: _____ c. Date of Surgery: _____	4. IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. DATE PATIENT WAS FIRST EXAMINED BY YOU FOR THIS CURRENT CONDITION: DATE: 8/22/19	6. DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED: Sickness Appeared Date: _____ <input checked="" type="checkbox"/> Accident Happened Date: 8/8/19 If Accident, Describe Nature of Accident: I STOOD UP AT WORK IN PLACE WHERE SHE WAS SUBSTITUTING HITTING FRONT HEAD HARD - CONCUSSION NEEDED HOSPITAL
7. DATES OF SERVICE IN DOCTOR'S OFFICE OR HOSPITAL AFTER FIRST DATE EXAMINED (If not applicable, state "NONE") DATE: NONE	9. WAS PATIENT HOSPITALIZED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: Date Admitted: _____ Date Discharged: _____ Name of Hospital: _____
8. PATIENT'S NEXT SCHEDULED APPOINTMENT IS: DATE: 9/12/19	11. IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "NO", Explain: HAS PATIENT BEEN REFERRED TO ANOTHER PHYSICIAN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "YES", Date of Referral: _____ Name of Physician: _____
10. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" describe condition and date: 2013 CAR ACCIDENT - CONCUSSION LOSS OF COORDINATION LESS THAN 30 MIN 5/1/13 CONCUSSION FROM ASSAULT	13. WAS PATIENT PARTIALLY DISABLED? (If you are completing this item, please list specific restrictions in the "Remarks" Section below along with the estimated duration of the restriction.) YES, FROM _____ TO _____ NO, FROM _____ TO _____
12. WAS PATIENT CONTINUOUSLY TOTALLY DISABLED AND UNDER YOUR CARE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, FROM 8/22/19 TO PRESENT	
14. IS STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK? An approximate date must be specified. Regular work - Date: 12/1/19 Restricted work (see No. 10) - Date: _____	
15. ATTENTION: ATTENDING PHYSICIAN If you are releasing an employee to return to work, and that employee continues to have a medical condition which would prevent or restrict his/her performance of regular work assignments, we request that you clearly identify on this Accident and Sickness form: (a) Any medical restrictions and/or specific limitations applicable to the employee. (b) Any type of work the employee is able to perform. (c) Any type of work the employee is unable to perform. If you have any questions regarding this request or the scope of job functions please contact the Human Resources Service Center.	
Attending Physician Remarks (Use additional sheet if necessary) PATIENT HAD RESTRICTIONS ARE RELATED TO MEMORY LOSS, COGNITIVE DYSFUNCTION, BEHAVIORAL CHANGES + POST TRAUMATIC MIGRAINE HEADACHES 8/22/19 Dr. B. Rozowski MD L. Rozowski MD DATE PHYSICIAN'S NAME (Print) SIGNATURE 301 S 7th Ave Suite 210 West Reading PA 19611 STREET ADDRESS CITY OR TOWN STATE ZIP CODE 484, 628 4656 484, 628 4657 TELEPHONE NO. FAX NO.	
If assistance is needed in completing this form, please contact the Medical Department at Phone: 610.966.8878 RETURN THIS COMPLETED FORM TO: Mack Trucks, Inc. Lehigh Valley Operations 7000 Alburtis Road Macungie, PA 18062 Fax 1-610-966-8882	

Behm v. Mack Trucks, et al.

MACK0179

JA000428



MACK TRUCKS, INC.
MACUNGIE CAB & VEHICLE
ASSEMBLY

August 29, 2019

VIA FEDEX Delivery
Colleen Behm
216 Halsey Ave
West Lawn, PA 19609

Colleen,

The Company would like to seek a 2nd professional opinion on your current medical condition that has you placed out of work. The Company will be paying for the appointment, it will be of no cost to you. Please see the information below in regards to the appointment.

Date: September 5, 2019
Time: 11:00am
Location: 101 Greenwood Ave, Suite 450 Jenkintown, PA 19046
Neurologist: Dr. Shipkin

We realize this location is not close to your home, therefore if you would like transportation to the appointment please contact me as soon as possible. I will assist in coordinating transportation to and from the doctor's office for you. My phone number is 610-966-8016. If you do not want transportation and feel comfortable driving yourself there, that is fine as well.

The reason we are seeking this second opinion is we would like to see what additional resources can be provided to you to help with your recovery and return you back to work. Should you not go to the appointment, and not have a justifiable reason for not going to the appointment, we will have to stop your A&S payments and will expect you to return to work immediately. (Please see Mack Benefit Agreement, Article 3, Section 3)

We hope you have a speedy recovery and seek the professional medical help to return to you work as soon as possible.



Behm v. Mack Trucks, et al.

MACK0265

2

Regards,

Kaitlyn O'Neill
Human Resources Business Partner
Mack Trucks, Inc.

Paul M. Shipkin, M.D., F.C.
Neurology/Neuro-Ophthalmology
101 Greenwood Ave., Ste. 450
Jenkintown, PA 19046

Pr 215-293-9140
Fr 215-293-9143

September 17, 2019

Calllyn O'Neill

RE: COLLEEN BEHM

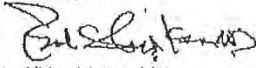
Dear Ms. O'Neill:

I have reviewed my independent Medical Examination report regarding Colleen Behm (date of evaluation 09/05/19). We spoke on the telephone earlier this morning, Friday, 09/13/2019.

It is my opinion, based on all available data and my examination, that Colleen Behm is fully capable of resuming her former work activities at Mack Truck full time without restrictions referable to both the 05/08/19 incident and the 05/11/19 incident.

Thank you, once again, for your interest in my opinion regarding the neurologic status of Colleen Behm. Should you have further questions, please feel free to contact me.

Sincerely,


Paul M. Shipkin, MD

PMS/jc

(0913-007, 0913-008)

RECEIVED
SEP 17 2019
JENKINTOWN, PA



Paul M. Shiphin, M.D., P.C.
Neurology/Neuro-Ophthalmology
101 Greenwood Ave., Ste. 450
Jenkintown, PA 19046

P: 215-293-9140
F: 215-293-9143

September 7, 2019

Calllyn O'Neill

RE: COLLEEN BEHM
Date of Incident: 05/08/19

Dear Ms. O'Neill:

Colleen Behm is a 30-year-old right-handed former production Mack truck builder evaluated on 09/05/19 for a neurologic Independent Medical Examination.

Prior to evaluation, it was explained to Ms. Behm that this appointment is for purposes of evaluation only, not for care, treatment, or consultation and therefore, no doctor/patient relationship would result. She has also been advised that I am an independent doctor and have been requested to conduct this evaluation at your request. Barbara Gray was several feet away from the examination room during the entire evaluation lasting approximately one hour and ten plus minutes in my Jenkintown, Pennsylvania private practice office.

History of the present illness:

Colleen Behm describes "fine health" until 05/08/19. At that time, "I was working full time, 40 hours a week, production flex, I would fill in for people, did repairs, installed dashes, use machinery/drills, cranes, wiring, building manifolds for brakes (provided an extensive description of her work activities)." Ms. Behm has been in this particular occupation approximately two years.

On 05/08/19, "It was about 8:30 a.m., a Wednesday, I was working on the line, went into a sleeper cab, stood up and hit the top of my head on a metal bracket (pointing to high right forehead near hairline). Another worker was there, I had no loss of consciousness but I did rub it. I sat down and rested, felt nauseous and could not eat when lunch came around, had some migraines, light sensitivity and ringing in my ears that would come and go during the day. I had no bleeding, I continued working until 2:00 p.m. then I went to medical where I saw a nurse, did an incident report. Then I drove home, about a one-hour drive, then I drove to Reading Hospital emergency room."

At Reading emergency room Ms. Behm recalls being examined with a CT brain, "They just said I had a concussion and said to rest. I went back to work Friday morning (two days after the incident), but did not work, after four hours of arguing they sent me home. I drove home again on Friday."

Colleen Behm
September 7, 2019
Page 2

Thereafter, Ms. Behm has remained out of work to present describing, at least during the first week or two after 05/08/19, similar symptoms as noted above.

On 05/11/19 (Saturday, three days after the 05/08/19 incident), "My husband and I were separated, going through a divorce, he assaulted me, punched me more than 11 times in my head, left temple in the back of my head, my daughter age two witnessed it. He got pulled off by one of his friends, I called the police, they came and an ambulance came. My sister, who is a nurse, took me to Reading Hospital emergency room. I had another CAT scan that showed no bleeding (intracranial) but a lot of swelling (scalp), bleeding in the back of my head (scalp), my left side of my face was a balloon. I said no to the staples they wanted to put in the back of my head, I was driven home, I'm going through the court process and I already have a PFA (Protection From Abuse)."

Medical personnel seen along the way (during the past four months) are outlined above and include a family doctor, neurologist known as Dr. B., and a psychiatrist. Currently, she follows with all of these medical people.

Treatments have included medications and current treatment consists of medication: Naproxen sodium 500 mg p.r.n., Adderall, vitamins, Iron, sumatriptan 100 mg, amitriptyline 25 mg at bedtime, "Zoloft for the assault and for PTSD, buspirone and Xanax from anxiety from the assault."

Prior to her evaluation today, she recalls ingesting Zoloft and buspirone.

Testing has included the above noted imaging studies.

During the past two or three weeks continuing issues, according to Colleen Behm, are said to include:

- (1) "Migraines, pain behind one eye or the other." Discomfort when present averages 8 on a 0-10 pain scale and is said to occur two or three times a week lasting "a couple of hours." Provocative/aggravating factors include "focusing on something too long, driving especially at night where there's lights." Benefit is achieved wearing a cold mask over eyes, resting in a dark room, and taking naproxen one or two pills as needed. Overall, these symptoms are "getting better, not lasting as long."
- (2) "Insomnia, sleep paralysis when I'm having a nightmare, it's like the nightmare continues and I can't move, night terrors when I'm having a bad night they are from the PTSD from the assault." These symptoms are said to occur approximately every other night, four or five times a week and "have gotten better." Medications and therapy are beneficial.

Colleen Behm denies all other pertinent neurologic symptomatology at present. When asked how she spends her days, she explained that she drives and, in fact, drove to this evaluation and will be driving home, cares for two young children, engages in various computer activities, etc.

Colleen Behm
September 7, 2019
Page 3

Past medical history includes "ADHD on Adderall since January 2019 from my family doctor, also Xanax and buspirone since January 2019, I already had a PFA in December of 2018 when my husband attempted to assault me at that time." "Motor vehicle accident 2013 when I was driving alone, I hurt all of me, I was ejected from the vehicle, unconscious, in a hospital at Reading for a week, had a splenectomy, left lung puncture (pneumothorax), fractured clavicle that was operated twice with the last surgery November 2017, multiple left rib fractures, concussion, lots of road rash, I did get a DUI." Status post cesarean section.

Colleen Behm denies any other accidents, injuries, surgical procedures, or medical problems during her entire lifetime. Medication allergies include amoxicillin.

Social history reveals she is currently going through a divorce and has two biological children, ages nine and two. She smoked cigarettes in the range of one pack per month, consumes occasional glasses of wine and denies illicit drug use. Following high school, she attended Berks Technical Institute where she studied criminal justice and business management but did not achieve a degree. She also trained as a funeral director but "dropped out."

Family history is said to be noncontributory.

Current medications are noted above. Prior to her evaluation today, she recalls ingesting Zoloft and buspirone.

No records were received prior to the IME being performed.

Physical Examination: Colleen Behm presents as a pleasant, articulate, well-groomed, relaxed, healthy appearing young woman with a large number of tattoos estimating her body weight at about 132 pounds, 5 feet 4 inches. She has a completely normal neurologic examination.

Examination of cranium reveals no abnormalities or tenderness. Neck is supple with full range of movement without discomfort. Nuchal, thoracic, and low back musculature is soft, supple, and nontender (normal by palpation and inspection).

Mental status is within normal limits, more specifically, she is fully oriented with intact recent and remote memory as well as immediate recall. Concentration, language function, abstract reasoning, and executive functioning are intact. She has a normal affect tending to smile and laugh appropriately at various times during her evaluation.

Cranial Nerves: Ocular movements, pupils, and visual fields to confrontation testing are normal. Fundi are suboptimally visualized in this setting although those portions seen appear to be intact. Facial sensation/symmetry and audition with finger rustling are normal.

Colleen Behm
September 7, 2019
Page 4

Motor examination reveals 5/5 muscle group strength testing in arms and legs bilaterally. Appendicular coordination, muscle tone, stance, gait, and posture are normal with normal heel and toe walking and no sway in the Romberg position. She has normal dexterity in both hands.

Sensory exam is intact to all modalities tested including light touch, thermal sensation, vibration, etc.

Reflexes are 2+ throughout with bilateral plantar flexor responses. While sitting on the examination table, she fully extends either straight leg making a 90-degree angle with her abdomen and thorax and holds this position for approximately 10-15 seconds bilaterally with no obvious discomfort.

COMMENT:

If historical data from the patient is accurate, Colleen Behm recalls an incident on 05/08/19 as outlined above. Ms. Behm's subsequent clinical course has been described including an assault on 05/11/19. Continuing symptoms in recent weeks are said, by Colleen Behm, to include occasional "migraines" as noted above and cognitive issues that she attributes to "PTSD from the assault on 05/11/19."

Imaging studies and imaging study reports are not available for review. She spends her days as outlined above driving a motor vehicle, computer activities, caring for two young children, etc.

Past medical history includes "attention deficit hyperactivity disorder" on Adderall, Xanax, and buspirone, emotional stress with a PFA since December 2018, motor vehicle accident 2013 with profound multiple injuries and surgical procedures noted above, cesarean section.

On examination, Colleen Behm presents as a pleasant, articulate, well-groomed, generally healthy appearing young woman estimating her current body weight at about 132 pounds, 5 feet 4 inches. She has a large number of tattoos and has a completely normal neurologic examination.

In reviewing available very limited medical records, this examiner has been provided with a job description as "Production Tech." No other medical records are available for review today.

The working neurologic diagnosis is scalp contusion on 05/08/19. Some of the symptoms Ms. Behm describes may be seen with a very minor concussion although this diagnosis is unlikely given all available data.

Colleen Behm's clinical presentation is further complicated by an assault by her husband approximately three days after 05/08/19 (on 05/11/19) with fairly significant cranial trauma, "PTSD", etc.

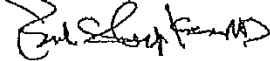
Colleen Behm
September 7, 2019
Page 5

Most patient resolve from the 05/08/19 incident as described above over several weeks, approximately three to four weeks on average, with or without conservative care.

At this point in time, Colleen Behm has fully recovered from her 05/08/19 incident. She is, referable to 05/08/19, fully capable of resuming her former work activities as described in her job description full time without restrictions and requires no specific medical care with regard to 05/08/19.

Thank you for referring Colleen Behm for a neurologic Independent Medical Examination. Ms. Behm left this evaluation in the same condition in which she arrived. The above-noted statements are made within a reasonable degree of medical certainty. Should you have further questions, please feel free to contact me,

Sincerely,



Paul M. Shlipkin, MD

PMS/jc

(0905-022)

Mack Trucks Lehigh Valley Operations Voluntary Layoff/General Layoff Frequently Asked Questions

The following addresses the most frequently asked questions (FAQ) supplied by the Hourly Bargaining Unit Employees (HBU) that we received in reference to the upcoming Voluntary/General layoff.

1. Can we still sign up for Voluntary Layoff (VLO)?
 - a. **Yes, those with 5+ years of seniority will have the opportunity to apply for VLO on the kiosk no later than January 24th, 2020 for this specific event.**
2. If an HBU employee was approved for Tuition Reimbursement and now I am laid off while still taking classes, will I be reimbursed although not actively at work?
 - a. **Yes, if employees were approved and are currently enrolled in classes prior to the Layoff; the company will reimburse in accordance with the contract.**
3. What are the tuition reimbursement benefits while out on GLO/VLO?
 - a. **In accordance with the contract, the tuition benefit is \$1500.00 per calendar year for trade school. Master Art. 28 sec 87 (d) pg. 72**
4. If I am not laid off and I am currently on first shift, what is the chance I will be assigned to the second shift?
 - a. **During a rate change there will be reduction and based on seniority employees will be moved to other shifts.**
5. How will the effected people be notified if they will be laid off?
 - a. **Those effected by the general layoff will be notified as early as possible. Prior to the actual release date employees will receive information.**
6. For those placed on General Layoff, will they be subjected to recall?
 - a. **Yes**



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MACK0360

JA000437

7. Is the 75 Voluntary Layoff (VLO) part of the 230 General Layoff (GLO) or separate?

a. The 75 VLO is in addition to the 230 General Layoffs.

8. If I am laid off, how long will my Medical Benefits last?

a. See Chart Below

Year(s) of Seniority on Last Day Worked Prior to Layoff	Maximum Number of Months for Which Coverage Will be Provided Without Cost to Employees
Less than 1	0
1 but less than 4	6
4 but less than 5	8
5 but less than 6	10
6 and over	12

9. If I am laid off, how long will my SUB benefits last?

a. See Chart Below

Seniority	Weeks Eligible
1-2 years	13
3-10 years	26
10+ years	52

10. People who would be out on layoff, will they receive profit sharing?

- a. Yes, those working throughout the 2019 plan year will receive profit sharing as applicable per the collective bargaining agreement.

LVO News

Lehigh Valley Operations



A NEWSLETTER FOR EMPLOYEES WITHIN GROUP TRUCKS OPERATIONS, LEHIGH VALLEY OPERATIONS

January 28, 2020 Week 5.2

Special Announcement

In our message about Lehigh Valley Operations (LVO) upcoming rate reduction and layoffs shared with you on Wednesday, January 8, we announced that: "We anticipate the last working day for those affected by the layoff will be Friday, February 28."

On Friday, January 10, we issued a communication in *LVO News* announcing that we would be facing a shortage of Allison Transmissions for both the Vehicle 1 and Vehicle 2 production lines. This shortage is caused by the supplier's allocation of transmissions across the truck market.

Due to the continued shortages from Allison Transmissions, we will need to take additional steps to preserve our schedule and ensure that we meet customer commitments. We have taken the decision to adjust the rate reduction from Week 2009 to Week 2008. As a result, the last working day for the employees being placed on general layoff has been moved to Friday, February 21. However, the last working day for employees going on voluntary layoff will remain Friday, February 28.

We continue to work closely with UAW leadership to determine the best options as we adjust our production rates and manpower to the needs of the market and the delivery schedules of our suppliers. Thank you for your continued commitment to Mack Trucks as we work through this difficult process. We will continue to provide you with updates as we move forward.

2/4/2020

Mell - White Ayesha - Outlook

FMLA Rights and Responsibilities Colleen Behm

White Ayesha <ayesha.white@volvo.com>

Tue 2/4/2020 4:06 PM

To: 'colleenbehm@yahoo.com' <colleenbehm@yahoo.com>

Cc: O'Neill Kaltlyn <kaltlyn.oneill@volvo.com>

📎 1 attachments (232 KB)

FMLA Notice of Rights and Responsibilities form Colleen Behm.pdf

Hi Colleen,

We have received your request for fmla and have determined that you are NOT eligible to apply for fmla.

Unfortunately, you have not met the required number of hrs worked (1250) to be eligible.

Should you have any questions or concerns, please contact Annette McAllister, your hr business partner, for assistance.

Kind Regards,

Ayesha White
HR Coordinator
Human Resources - Macungie

Mack Trucks Inc
Lehigh Valley Operations
Phone: 610-966-8905
Mobile/SMS: 484-387-7690
Email: ayesha.white@volvo.com



[https://outlook.office.com/mail/sentitems/d/AAQkADY4NThYtZILtNIMzIUNDdhMC1hZTdKLTg0MDBhY2Q6OWZlOQAQAjYopIHleU\(7mwFFIFnSIWo...](https://outlook.office.com/mail/sentitems/d/AAQkADY4NThYtZILtNIMzIUNDdhMC1hZTdKLTg0MDBhY2Q6OWZlOQAQAjYopIHleU(7mwFFIFnSIWo...) 1/1

Notice of Eligibility and Rights &
Responsibilities
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 8/31/2021

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A - NOTICE OF ELIGIBILITY]

TO: Colleen Behm - 460939
Employee

FROM: Ayesha White
Employer Representative

DATE: 2/4/2020

On 2/4/2020, you informed us that you needed leave beginning on 2/4/20 for:

☐ The birth of a child, or placement of a child with you for adoption or foster care;

☒ Your own serious health condition;

☐ Because you are needed to care for your spouse; child; parent due to his/her serious health condition.

☐ Because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on covered active duty or call to covered active duty status with the Armed Forces.

☐ Because you are the spouse; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

☐ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

☒ Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately months towards this requirement.

☒ You have not met the FMLA's hours of service requirement.

☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact Kaitlyn O'Neill or view the FMLA poster located in Posting Boards throughout the plant.

[PART B - RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by (if a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

☐ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is/ is not enclosed.

☐ Sufficient documentation to establish the required relationship between you and your family member.

☐ Other information needed (such as documentation for military family leave):

No additional information requested

Page 1

CONTINUED ON NEXT PAGE

Form WH-381 Revised February 2013

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- _____ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 90-day (or indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- _____ You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- _____ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We _____ have/_____ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- _____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____ (indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - _____ the calendar year (January--December).
 - _____ a fixed leave year based on _____
 - _____ the 12-month period measured forward from the date of your first FMLA leave usage.
 - ☒ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ sick, _____ vacation, and/or _____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

_____ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____

_____ Applicable conditions for use of paid leave: _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

Kaitlyn O'Neill at 610.866.8016

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notices of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 8-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

Page 2

Form WH-381 Revised February 2013



Form Name:
Submission Time:
Unique ID:

FMLA In-take ONKIOSK
February 4, 2020 1:01 pm
677869407

Reason for FMLA	Employee's own Serious Health Condition
Employee Name	Colleen Behm
SAP	450939
Email	colleenbehm@yahoo.com
Supervisor	Javier Miranda
Shift	Shift 1
Date of Hire	Jan 02, 2018
Phone Number	6105870522
Date FMLA Requested	Feb 04, 2020
Date FMLA Due	Feb 19, 2020
Proper Certification Form Provided	Yes - Upon Submission Certification Form is Available via Print
Disclosure	I hereby certify that the personal information I have entered is true and accurate. I understand that should the information be found falsified, discipline will be applied accordingly.
Signature	Signature image not available.
Number	15
Today's Date	Feb 04, 2020 01:00 PM
Total Hours Worked	1149.4
Approved	No
Eligible to Apply for FMLA	No
Notice of Rights & Responsibilities provided to employee	Yes
Date Rights & Responsibilities provided to employee	Feb 04, 2020

Unique ID: 677869407

Behm v. Mack Trucks, et al.

MACK0103

JA000444

How Rights & Responsibilities were sent	Email
HRBP	Kalllyn O'Neill
Notification of Denial Reason	Not Enough Hours Worked
Notification of Approval VIA Email	Employee

Unique ID: 677869407

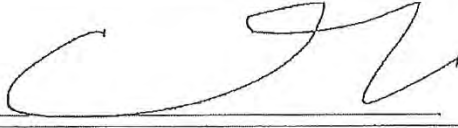
Behm v. Mack Trucks, et al.

MACK0104

JA000445

Form Name: Shift Change Request (ONKIOSK)
Submission Time: February 17, 2020 8:09 pm
Browser: Chrome 79.0.3904.67 / Windows
IP Address: 10.76.136.221
Unique ID: 602616068
Location:

Shift Change Request

Name	Colleen Behm
SAP	460939
Email	colleenbehm@yahoo.com
Seniority Date	Jan 02, 2018
I wish to exercise my seniority by requesting a change from	Shift 2
to the following new shift	Shift 1
Current Department Number	1223 - Production
Current Classification	Production Technician Cab1 Line
Current Supervisor	Not Listed
Disclosure	I hereby certify that the personal information I have entered is true and accurate. I understand that should the information be found falsified, discipline will be applied accordingly.
Signature	
Today's Date	Feb 17, 2020 08:07 PM



3/18/20 12:33 PM Green Hills Family Fax# (610)-777-5575 Page 3 of 8 #72758

SHORT TERM DISABILITY BENEFIT CLAIM FORM

ANY ATTEMPT TO ALTER, MISLEAD OR FALSIFY REQUESTED INFORMATION WILL RESULT
IN SEVERE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION

PART A

EMPLOYEE'S STATEMENT

All Questions Must Be Completed by Employee - Claim Form Must Be Returned By:

Full Name Colleen Sara Behm Daytel 450939 Social Security Number 188 170 14810 Date of Birth 05/22/1989

Address Street 216 Halsey Ave City or Town West Lawn State PA Zip 19609

If accident occurred, give date March 4, 2020 Is the sickness or injury due to your employment with this Company? Yes If "Yes", give full particulars in space provided below, or on separate sheet see below

Is the sickness or injury due to your employment with another employer? Yes X No If Yes, give full particulars below.

When you employed by another employer (fill in part date) when disability commenced? Yes X No If Yes, give full particulars below and name of employer.

First day you did not perform any work because of disability March 4, 2020 Date you were first hired by physician in present disability 20 If recovery has occurred, give date 20

AUTHORIZATION TO RELEASE INFORMATION

To all physicians and other medical professionals, hospitals and other medical care institutions, and to carriers, medical or hospital service and prepaid health plans, employers and group policyholders, contract holders or benefit plan administrators.

You are authorized to provide the Company with information concerning medical care, advice, treatment or supplies provided the patient, and any other employment related information regarding the patient. THIS INFORMATION WILL BE USED FOR THE PURPOSE OF EVALUATING AND ADMINISTERING CLAIMS FOR BENEFITS AND MAY BE DISCLOSED TO AN INDEPENDENT CLAIMS ADMINISTRATOR OR AGENCY ACTING ON THE BEHALF OF THE COMPANY AND TO ANY COMPANY WORKERS' COMPENSATION CARRIERS FOR THE PURPOSE OF EVALUATING A WORKERS' COMPENSATION CLAIM.

I understand that the duration of the authorization is for the term of coverage of the policy or contract under which a claim for health benefits has been submitted. I understand that I have a right to receive a copy of this authorization upon request. I agree that a photocopy of this authorization is as valid as the original.

If I receive a disability benefit payment greater than that which should have been paid, I understand that the Company has the right to recover such overpayment from me including the right to reduce future disability benefits. If any; or to recover such overpayment by withholding monies from any Company compensation the would otherwise be due me.

March 5 2020

ANY EMPLOYEE WHO ENGAGES IN GAINFUL EMPLOYMENT WHILE ON A SICK LEAVE MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

IMPORTANT - Attending Physician must complete reverse side of this form.

**** Procedure upon return from sick leave ****

If you are returning to work with medical restrictions, you must report to the Medical Department for placement. If you return without medical restrictions, please forward your work release to your Supervisor and the Human Resources Service Center.

PART B

EMPLOYER'S STATEMENT

Full Name of Employee _____ Social Security Number _____

Employee's Date of Hire _____ Was coverage in force When disability began? Yes X No Occupation _____

Was employee laid off or was layoff contemplated prior to beginning of disability? Yes X No If "Yes" give date _____ Did the sickness or injury arise out of the Employee's employment? Yes X No If "Yes" state reasons in space provided below why Workers' Compensation is not payable. Employee must complete Release of Interest Agreement.

Are there any circumstances which would cause you to question the validity of the claim? Yes X No If "Yes" give reasons in space provided below _____ Hourly rate or monthly salary _____ Amount of weekly A & B benefit _____

List Employees withholding election for Social Issues (A & B - 1) _____ List 101 days paid during sick leave _____ List number of Occasional sick days used this year _____

Date Employee was first absent from work in present disability 20 Date week was resumed 20

Date 20 Employer Representative _____

Additional Space For Employer/Employee Use (Attach additional sheets for more information)

Never cleared to return to work. Hostile work environment, harassment, discrimination, sexism, targeting, inappropriate violations, victimization, unfair treatment, employment distress causing increase in anxiety and depression.

EXHIBIT

35

03/18/20 12:38 PM Green Hills Family Fax# (610)-777-5575 Page 4 of 8 #72759 @

REIMBURSEMENT AGREEMENT

To: Mack Trucks, Inc. Or An Insurance Carrier Acting On Its Behalf

With respect to the weekly disability benefit payments made to me by you in connection with my claim dated 03/05/20, provided by my employer, Mack Trucks, Inc., and in accordance with Appendix B, Article II, Section 4(g), I understand that the amount of such benefit for any week or partial week of disability shall be reduced, if applicable, by the amount of benefit payments received for such week or partial week from Workers' Compensation and/or any Occupational Disease Law or Act which provides benefits for the time lost from work due to disability.

If I am awarded any or all of the benefits enumerated above for any week or partial week for which you have paid me a disability benefit, I agree to repay, in full and in one payment, upon receipt of such award monies, the amount by which the sum of:


- (1) Payments received from any or all of the benefits sources enumerated above, and
- (2) Salary Continuation and/or Accident and Sickness benefit payments made by you

which exceeds the Salary Continuation and/or Accident and Sickness benefit payments made for the same period, up to the amount of said Salary Continuation and/or Accident and Sickness payments.

I further agree, that I will notify you immediately upon my receiving notice that I have been awarded Workers' Compensation benefits and/or any Occupational Disease Law or Act benefits provided for time lost from work due to disability. Should my claim be compensable, I further agree either to repay Mack Trucks, Inc., all amounts paid on my behalf under the group health benefits program, or Mack Trucks, Inc. shall be subrogated out of any Workers' Compensation agreement or award up the amount paid.

03/05/20

DATE


 EMPLOYEE SIGNATURE
Colleen Sara Behm

EMPLOYEE NAME (PRINTED/TYPED)

450989

BADGE NO.

19/18/20 12:33 PM Green Hills Family Fax# (610)-777-5575 Page 5 of 8 #72758

"Notices to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts."

PART C ATTENDING PHYSICIANS STATEMENT - ONLY THE DOCTOR CAN COMPLETE THIS PORTION
TO THE ATTENDING PHYSICIAN: Your patient has applied for or may be eligible for weekly disability income benefits. Your answers to the questions below will assist us in determining if these benefits are payable. Please answer ALL applicable items, otherwise the form will be returned to you for additional information.

1. PATIENT'S FULL NAME <u>Colleen Sara Behm</u>		IF PREGNANT, APPROXIMATE DATE CONCEPTION: DATE: _____	
2. DIAGNOSES AND CONCURRENT CONDITIONS <u>Cholesterol 306.0x10⁶ Migraine 443.0x9 Jaw pain 644.219</u>		3. DATE PATIENT WAS FIRST EXAMINED BY YOU FOR THIS CURRENT CONDITION: DATE: <u>5-13-19</u>	
4. IS CONDITION DUE TO INJURY OR ACTIONS ARISING OUT OF PATIENT'S EMPLOYMENT? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>		5. DATE PATIENT'S NEXT SCHEDULED APPOINTMENT IS: DATE: _____	
6. DATE AND LOCATION FIRST APPEARED OR ACCIDENT HAPPENED: <u>Accident Happened Date: 5-12-19</u> <u>Result - injury to face: hand following collision at work</u>		7. WAS PATIENT HOSPITALIZED? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> If Yes: Date Admitted: _____ Date Discharged: _____ Name of Hospital: _____	
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> If "YES" describe condition and date: _____		9. IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Explain: _____ HAS PATIENT BEEN REFERRED TO ANOTHER PHYSICIAN? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Date of Referral: <u>June 6 2020</u> Name of Physician: <u>Dr. Brzezowski</u>	
10. WAS PATIENT CONTINUOUSLY TOTALLY DISABLED AND UNDER YOUR CARE? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> IF YES, FROM <u>5-12-19</u> TO _____		11. WAS PATIENT PARTIALLY DISABLED? (If you are completing this item, please fill in appropriate codes in the "Remarks" section below along with the appropriate duration of the disability.) IF YES, FROM _____ TO _____	
12. IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK: An approximate date must be specified. Regular work - Date: <u>June 7 2020</u> Retarded work (1114, 16) - Date: _____			
13. ATTENDING PHYSICIAN If you are releasing an employee to return to work, and that employee continues to have a medical condition which would prevent or restrict higher performance of regular work and prevent, we request that you clearly identify on this Accident and Sickness form: (a) Any medical restrictions and/or specific limitations applicable to the employee. (b) Any type of work the employee is able to perform. (c) Any type of work the employee is unable to perform. If you have any questions regarding this request or the scope of job functions please contact the Human Resources Service Center.			
Attending Physician Remarks (Use additional sheet if necessary) <u>3-12-20 Kim Raven Zahn</u> DATE PHYSICIAN'S NAME (Print) <u>1903 Morgantown Rd</u> STREET ADDRESS CITY OR TOWN <u>601 777 4046</u> TELEPHONE NO. <u>(610) 777 5575</u> FAX NO.			
If assistance is needed in completing this form, please contact the Medical Department at Phone: 610.966.8878		RETURN THIS COMPLETED FORM TO: Mack Trucks, Inc Lehigh Valley Operations 7000 Allentown Road Macungie, PA 18062 Fax 1-610-966-8882	

03/18/20 12:33 PM Green Hills Family Fax# (610)-777-5576 Page 7 of 8 #72750



Macungie Health Office
 Lehigh Valley Operations
 7000 Alburts Road
 Macungie, Pa 18062-9831
 PHONE# (610) 966-8878; FAX# (610) 966-8882

DIAGNOSIS TREATMENT PLAN

PLEASE FAX COMPLETED FORM BELOW TO FAX # (610) 966-8882
 ASAP AT COMPLETION OF VISIT. THANK YOU!

DATE: _____ PATIENT'S NAME (print): Colleen S. Behm

DIAGNOSIS: LOCATIONS SICK DEXOS Migraine 643.004
Jaw pain via 644.219 strain of muscle SKIN INSD

TREATMENT PLAN: got clearance to return to work from Neurologist / Specialist

DIAGNOSTIC STUDIES: _____

RETURN VISIT DATE: _____

*PHYSICIAN SIGNATURE: Kim Ravenzahn

*Requires MD, DO or DPM Signature ONLY

PRINT PHYSICIAN'S NAME: Kim Ravenzahn

PHYSICIAN'S ADDRESS: 1903 Marger town Rd

Reading PA 19607

PHYSICIAN'S PHONE #: 610 777 4040

Diagnosis/treatment plan: Updated 8/18/18

13/18/20 12:33 PM Green Hills Family Fax# (610)-777-5575 Page 8 of 8 #72758 8

**MEDICAL DEPARTMENT
LEHIGH VALLEY OPERATIONS
PHYSICAL CAPABILITIES CHECKLIST**



Patient's Name: Colleen S. Behm Date Completed: _____

Dominant Hand: Right _____ Left _____

	Constant 87-100%	Frequent 34-55%	Occasional 6-33%	Seldom 0-5%	Never	N/A
* LIFTING & REACHING:						
• Floor to Waist			/			
• Waist to Shoulder			/			
• Shoulder Height or Higher			/			
* USE OF VIBRATORY TOOLS:						
* MISCELLANEOUS ACTIVITIES:						
• Sitting	/					
• Standing		/				
• Walking		/				
• Bending		/				
• Twisting		/				
• Stopping / Squatting		/				
• Kneeling		/				
• Climbing				/		
• Crawling				/		
• Driving: Lift Truck / Tractor Trailer / Car		/				

PLEASE CIRCLE APPROPRIATE EXTREMITY: RIGHT HAND LEFT HAND BOTH HANDS					
* REPETITIVE TASKS	Constant 67-100%	Frequent 34-55%	Occasional 6-33%	Seldom 0-5%	Never
• Grip / Grasp	/				
• Push / Pull		/			
• Fine Manipulation		/			
• Keyboard Operation		/			
• Foot Controls			/		

LIFTING / CARRYING:	
0 Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc., in miscellaneous activities.
0 Light	20 lbs. max.; frequently up to 10 lbs.
0 Medium	50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

Estimated Length of Disability: _____ Date released to RTW: June 7 2020

Any medication that would prevent RTW activities? Yes No Explain: _____

Comments / Explanations: _____

Physician's Signature: K. R. B. [Signature]



Macungie Health Office
Lehigh Valley Operations
7000 Alburttis Road
Macungie, Pa 18062-9631
PHONE# (610) 966-8878; FAX# (610) 966-8882

DIAGNOSIS TREATMENT PLAN

PLEASE FAX COMPLETED FORM BELOW TO FAX # (610) 966-8882
ASAP AT COMPLETION OF VISIT. THANK YOU!

DATE: 3/25/2020 PATIENT'S NAME (print): Colleen Behm

DIAGNOSIS: Migraines, anxiety

TREATMENT PLAN: has follow-up to
neurologist in June 2020 - cont.
current med

DIAGNOSTIC STUDIES: _____

RETURN VISIT DATE: 1-2 months

*PHYSICIAN SIGNATURE: [Signature]
*Requires MD, DO or DPM signature ONLY

PRINT PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE #: _____

Diagnosis (treatment) plan: Updated 9/10/10

04/02/2020 16:10 #792 P.006/007

From:

Behm v. Mack Trucks, et al.

MACK0152

JA000452

**MEDICAL DEPARTMENT
LEHIGH VALLEY OPERATIONS
PHYSICAL CAPABILITIES CHECKLIST**



Print Patient's Name: Colleen Behm Date Completed: 3/25/2020

Dominant Hand: Right Left

N/A as it is currently unable to return to work

	Constant 67-100%	Frequent 34-66%	Occasional 6-33%	Seldom 0-5%	Never	N/A
LIFTING & REACHING:						
• Floor to Waist						
• Waist to Shoulder						
• Shoulder Height or Higher						
USE OF VIBRATORY TOOLS:						
MISCELLANEOUS ACTIVITIES:						
• Sitting						
• Standing						
• Walking						
• Bending						
• Twisting						
• Stooping / Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Driving: Lift Truck / Tractor Trailer / Car						

PLEASE CIRCLE APPROPRIATE EXTREMITY:	RIGHT HAND	LEFT HAND	BOTH HANDS
• REPETITIVE TASKS	Constant 67-100%	Frequent 34-66%	Occasional 6-33%
• Grip / Grasp			
• Push / Pull			
• Fine Manipulation			
• Keyboard Operation			
• Foot Controls			

LIFTING / CARRYING:	
◊ Sedentary	10 lbs. max. & occasionally carrying small objects; this does not mean seated work. Please address in sitting, standing, etc., in miscellaneous activities.
◊ Light	20 lbs. max.; frequently up to 10 lbs.
◊ Medium	50 lbs. max.; frequently up to 20 lbs.; constant 10 lbs.

Estimated Length of Disability: _____ Date released to RTW: _____

Any medication that would prevent RTW activities? Yes _____ No _____ Explain: _____

Comments / Explanations: _____

Physician's Signature: [Signature]

04/02/2020 13:10 #782 P.007/007

Form:



Date: 3/19/2020

Colleen Behm
216 Halsey Ave,
West Lawn, PA 19609

Dear Colleen,

The purpose of this letter is to provide information on your requested A&S benefits. We have received your claim for A&S benefits for what might be a request from 5/13/2019 with a RTW date of 6/07/2020. Please be advised that your A&S has been denied because of the following requirement:

- We are in need of current dates as you had returned to work on Friday, 9/6/2019 and continued to work up until last day worked, Wednesday, 3/4/2020, which is 180 days since RTW 9/6/2019.
- We are in need of updated Diagnosis and Concurrent Conditions, since you were working for more than 14 days per the A&S guidelines.

Sincerely,

Your Human Resource Department

Cc: HRBP

Mack Trucks Inc.
7000 Alburis Road
Macungie, PA 18062



From:

04/03/2020 14:02

#817 P.001/002

Apr. 2, 2020 2:33PM

No. 9096 P. 3/3

"Notice to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts."

PART C ATTENDING PHYSICIANS STATEMENT - ONLY THE DOCTOR CAN COMPLETE THIS PORTION TO THE ATTENDING PHYSICIAN: Your patient has applied for or may be eligible for weekly disability income benefits. Your answers to the questions below will assist us in determining if these benefits are payable. Please answer ALL applicable items, otherwise the form will be returned to you for additional information.

RECEIVED APR 02 2020

1. PATIENT'S FULL NAME <u>Colleen Sarah Behm</u>	
2. DIAGNOSIS AND CONCURRENT CONDITIONS <u>Migraine HA</u> CORRESPONDING ICD-10 CODE: <u>Anxiety G43.009; F41.1</u> DATE: _____	
3. a. Was surgery performed? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> b. Type of Surgical Procedure: _____ c. Date of Surgery: _____	4. IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>
5. DATE PATIENT WAS FIRST EXAMINED BY YOU FOR THIS CURRENT CONDITION: DATE: <u>5/29/19</u>	6. DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED: Sickness Appeared Date: _____ <input checked="" type="checkbox"/> Accident Occurred Date: <u>3/4/20</u> If Accident, Describe Nature of Accident: <u>assault</u>
7. DATES OF SERVICES IN DOCTOR'S OFFICE OR HOSPITAL AFTER FIRST DATE EXAMINED (if not applicable, list "NONE") DATE: <u>7/18/19, 8/30/19, 12/1/20, 3/5/20, 3/6/20, 3/11/20</u>	9. WAS PATIENT HOSPITALIZED? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> If Yes: Date Admitted: _____ Date Discharged: _____ Name of Hospital: _____
8. PATIENT'S NEXT SCHEDULED APPOINTMENT IS: DATE: <u>1-2 months</u>	11. IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> If "NO", Explain: _____ HAS PATIENT BEEN REFERRED TO ANOTHER PHYSICIAN? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> If "YES", Date of Referral: <u>5/29/19</u> Name of Physician: <u>Dr. Borzotowski</u>
12. WAS PATIENT CONTINUOUSLY TOTALLY DISABLED AND UNDER YOUR CARE? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> If YES, FROM <u>3/4/20</u> TO <u>6 months</u>	13. WAS PATIENT PARTIALLY DISABLED? (If you are completing this form, please list specific conditions in the "Remarks" Section below along with the estimated duration of the restriction.) If YES, FROM _____ TO _____
14. IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK: An approximate date must be specified. Regular work (Date): <u>6 months, 9/4/20</u> Restricted work (see No. 15) - Date: _____	
15. ATTENTION: ATTENDING PHYSICIAN If you are releasing an employee to return to work, and that employee continues to have a medical condition which would prevent or restrict his/her performance of regular work, Attachments: We request that you clearly identify on this Accident and Sickness form: (a) Any medical restrictions and/or specific limitations applicable to the employee. (b) Any type of work the employee is able to perform. (c) Any type of work the employee is unable to perform. If you have any questions regarding this request or the scope of job functions please contact the Human Resources Services Center.	
Attending Physician Remarks (Use additional sheet if necessary) <u>pt. still getting HA 3-4 times per week.</u> <u>4/3/2020 K. M. Rauer</u> DATE PHYSICIAN'S NAME (Print) SIGNATURE <u>1903 Murgenthaugh Rd. Belg PA 19607</u> STREET ADDRESS CITY OR TOWN STATE ZIP CODE <u>(610) 777-4040</u> <u>(610) 777-5575</u> TELEPHONE NO. FAX NO.	
If assistance is needed in completing this form, please contact the Medical Department at Phone: 610.966.8878	
RETURN THIS COMPLETED FORM TO: Mack Trucks, Inc Lehigh Valley Operations 7000 Alburts Road Macungie, PA 18062 Fax 1-610-966-8882	



Behm v. Mack Trucks, et al.

MACK0151

JA000455

O'Neill Kaitlyn

From: O'Neill Kaitlyn
Sent: Tuesday, April 7, 2020 6:50 AM
To: colleen behm
Subject: RE: A&S

Hi Colleen,

Dee from payroll should be reaching out to you soon about you're A&S. We got the paperwork and it's been approved.

Kaitlyn

From: colleen behm <colleenbehm@yahoo.com>
Sent: Monday, April 6, 2020 6:49 PM
To: O'Neill Kaitlyn <kaitlyn.oneill@volvo.com>
Subject: Re: A&S

Hey,

Just touching base about my A&S. I was hoping you could give me some clarity on what's going on.

Colleen Behm

On Apr 2, 2020, at 12:56 PM, O'Neill Kaitlyn <kaitlyn.oneill@volvo.com> wrote:

Hi Colleen,

We are waiting on a response from your doctor's office yet to clarify 2 things on the paperwork for us, once we hear back from them we will be able to review it again.

Regards,
Kaitlyn

From: colleen behm <colleenbehm@yahoo.com>
Sent: Thursday, April 2, 2020 9:03 AM
To: O'Neill Kaitlyn <kaitlyn.oneill@volvo.com>
Subject: Re: A&S

What's the final determination for my A&S ?

Colleen Behm

On Mar 30, 2020, at 12:20 PM, O'Neill Kaitlyn <kaitlyn.oneill@volvo.com> wrote:



It came through this time.

Regards,
Kaitlyn

From: colleen behm <colleenbehm@yahoo.com>
Sent: Monday, March 30, 2020 11:32 AM
To: O'Neill Kaitlyn <kaitlyn.oneill@volvo.com>
Subject: Re: A&S

Here is the copy I have, I also called my doctor to have them fax it over also.

On Monday, March 30, 2020, 11:19:33 AM EDT, O'Neill Kaitlyn
<kaitlyn.oneill@volvo.com> wrote;

Hi Colleen,

I'm not sure what happened then, but I check with dispensary that vey same day and told them to watch for it. At this time we have not received a copy of the paperwork. Can you contact them to re-try sending it to us?

Regards,
Kaitlyn

From: colleen behm <colleenbehm@yahoo.com>
Sent: Monday, March 30, 2020 11:15 AM
To: O'Neill Kaitlyn <kaitlyn.oneill@volvo.com>
Subject: Re: A&S

CAUTION: This email originated from outside of the organization. Read more here:
phishing.beaware.volvocars.com

They faxed it right in front of me.

Colleen Behm

On Mar 30, 2020, at 10:41 AM, O'Neill Kaitlyn
<kaitlyn.oneill@volvo.com> wrote;

Hi Colleen,

I wanted to let you know that the A&S paperwork from your doctor still has not arrive to us. It didn't go to HR's fax or the dispensary's fax. Do you know if they had a delay in sending it?

Kaitlyn O'Neill, CLRL

Mack Trucks, Inc

Human Resources Business Partner

Phone: 610-966-8016

Mobile: 610-390-2766

Email: kaitlyn.oneill@volvo.com

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This email message (including its attachments) is confidential and may contain privileged information and is intended solely for the use of the individual and/or entity to whom it is addressed. If you are not the intended recipient of this e-mail you may not disseminate, distribute or copy this e-mail (including its attachments), or any part thereof. If this e-mail is received in error, please notify the sender immediately by return e-mail and make sure that this e-mail (including its attachments), and all copies thereof, are immediately deleted from your system. Please further note that when you communicate with us via email or visit our website we process your personal data. See our privacy policy for more information about how we process it: <https://www.volvogroup.com/en-en/privacy.html>

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This email message (including its attachments) is confidential and is intended solely for the use of the individual and/or entity to whom it is addressed. If you are not the intended recipient of this e-mail you may not disseminate, distribute or copy this e-mail (including its attachments), or any part thereof. If this e-mail is received in error, please notify the sender immediately by return e-mail and make sure that this e-mail (including its attachments), and all copies thereof, are immediately deleted from your system. Please further note that when you communicate with us via email or visit our website we

process your personal data. See our privacy policy for more information about how we process it: <https://www.volvogroup.com/en-en/privacy.html>



May. 26. 2020 2:23PM

NEUROLOGY DOB STE 210

No. 2646

P. 1

0103768745

87:55 AM

05-18-2020

2/7

HR
6/27/2020
A&S

Mack Trucks, Inc.
Lehigh Valley Ops.
7000 Alburys Road
Macungie, PA 18062-9831
Phone: 610-986-8083

Name: Colleen S. Behm SAP: 450939 Date: 05/22/2020

We are sorry to hear that you are ill and want to wish you a speedy recovery. If there is anything we can do to help you medically, please do not hesitate to contact the dispensary at 610-986-8878.

Please note that any Accident & Sickness benefits in conjunction with lost time from work will only be processed if your absence is approved by an MD, DO, DDS, DPM or Psychologist. Any other practitioner(s) will not be accepted, which includes a Nurse Practitioner and/or Physician's Assistant.

In order for your claim to be processed efficiently, the Short Term Disability Benefits Claim Form enclosed, must be filled out completely, signed by an MD, and faxed to the Mack Macungie Medical Office, 610-986-8882, or it may cause a delay in your payment of benefits.

Please note that it is your responsibility to provide HR with a copy of your return to work release upon returning to work. If you do not have this release with you, we will NOT be able to return you to work until that release is obtained. The work release should state the effective date of return with or without restrictions. If there are any restrictions attached to your release, they need to be as specific and as detailed as possible. Please be certain to convey this to your treating physician.

As a reminder, under the contract (Master Contract Article 1, Section 27 (c)(8)), FMLA runs concurrent with six weeks (up to 240 hours) of accident and sickness benefits. An FMLA Certification of Health Care Provider for Employee's Serious Health Condition is enclosed. Your doctor should complete the attached form and return it to our office with 15 days.

FMLA RETURN DATE: 7/1/2020

(15 days from receipt of A&S/FMLA request)

Once again, we wish you a speedy recovery. If you should have any questions or concerns, please do not hesitate to call me at 610-986-8083.

Sincerely,

RECEIVED

MAY 26 2020

Macungie Human Resources

7 attachments
MACK TRUCKS MEDICAL

EXHIBIT

tabbies

39

Behm v. Mack Trucks, et al.

MACK0142

JA000460

NEUROLOGY DOB STE 210

No. 2646 P. 2

159104 u.m. 05-19-2020

317

ANY ATTEMPT TO ALTER, MISLEAD OR FALSIFY REQUESTED INFORMATION WILL RESULT
IN SEVERE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION

PART 4

EMPLOYEES STATEMENT

All Questions Must Be Completed by Employees - Client Return Must Be Returned By:

Full Name Kileen S. Behm	Headail 4509939	Postal Security Number 1988 170 14810	Date of Birth 05/22/1989
Address 240 Halsey Ave.	City/State West Lawn PA	Zip 19606	
If accident occurred give Date March 4, 2020	Is the worker or injury due to your employment with this Company? Yes	If "Yes," give full particulars in space provided below or on separate sheet.	
It was related to your employment with another employer? Yes	If "Yes," give full particulars below.		
Were you employed by another employer (full or part time) when disability occurred? Yes	If "Yes," give full particulars below and name of employer.		
When did you first begin any work history of disability? March 4, 2020	Did you work first checked by physician in present disability March 5, 2020	If necessary has repeated give date 20	

AUTHORIZATION TO RELEASE INFORMATION

We, the physician and/or medical professional, hospital and other medical care institution, and to hospital medical and physical services and related health plans, employer and group policyholder, authorize holding of medical plan administration.

You are authorized to provide this Company with information concerning medical care, medical history or accident provided by patient, and any other employment related information regarding the patient. This information will be used for the purpose of evaluating and administering claims for benefits and may be used to support or deny independent claims, workers' compensation or agency action on the basis of the Company and to any company workable compensation claim for the purpose of evaluating a workers' compensation claim.

I understand that the disclosure of this information is for the term of coverage of the policy or contract under which I claim for benefits for health benefits has been submitted, I understand that I have a right to receive a copy of this information upon request. I agree that a physician's report of the evaluation of the patient is to be used as the original, I receive a currently dated copy of the report that which should have been given, I understand that the Company has agreed to receive such information from me, including the right to release this disability benefit, I agree to issue such information by withholding information from any Company compensation plan or otherwise by any means.

May 22, 2020

ANY EMPLOYEE WHO ENGAGES IN GAINFUL EMPLOYMENT WHILE ON A SICK LEAVE MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

IMPORTANT--Attending Physician must complete reverse side of this form.

**** Procedure Upon Return from Sick Leave ****

If you are returning to work with medical restrictions, you must report to the Medical Department for placement. If you return without medical restrictions, please forward your work release to your Supervisor and the Human Resources Services Center.

PARITY

EMPLOYER'S STATEMENT

Behm v. Mack Trucks, et al.

MACK0143

JA000461

May. 26. 2020 2:25PM

NEUROLOGY DOB STE 210

No. 2646 P. 3

6103760745

05194 6/11/20 05-13-2020

4/7

"Notice to all parties completing this form: If it is fraudulent in any way, this form will be considered a false statement and may result in criminal or civil penalties. Information you know to be false or to omit

PART C ATTENDING PHYSICIAN STATEMENT - ONLY THE DOCTOR CAN COMPLETE THIS PORTION
TO THE ATTENDING PHYSICIAN: Your patient has applied for or may be eligible for weekly disability benefits. Your response to this questionnaire will assist in determining if these benefits are payable. Please answer ALL applicable items. Otherwise, the form will be returned to you for additional information.

<p>Colleen Saca Behm</p> <p>POST CONCUSSION SYNDROME, PERSISTENT HEADACHE, MEMORY LOSS, DIFFICULTY WITH CONCENTRATION, SLEEP PROBLEMS, ETC.</p> <p>DATE: 6/2/2020</p>	
<p>1. DATE OF ONSET OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>2. DATE OF ONSET OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>3. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>4. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>5. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>6. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>7. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>8. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>9. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>10. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>11. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>12. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>13. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>14. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>15. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>16. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>17. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>18. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>19. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>20. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>21. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>22. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>23. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>24. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>25. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>26. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>27. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>28. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>29. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>30. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>31. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>32. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
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<p>39. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>40. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>41. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>42. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>43. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>44. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
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<p>47. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>48. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
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<p>55. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>56. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>57. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>58. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>59. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>60. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>61. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>62. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
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<p>67. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>68. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>69. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>70. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>71. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>72. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
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<p>89. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>90. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>91. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>92. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
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<p>97. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>98. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>
<p>99. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>	<p>100. DATE OF RECEIPT OF YOUR PATIENT'S CURRENT INJURY OR ILLNESS</p> <p>DATE: 6/2/19</p>

Behm v. Mack Trucks, et al.

MACK0144

JA000462

May. 26. 2020 2:25 PM
0103768745

NEUROLOGY DOB STE 210

No. 2646 P. 4

01:50 a.m. 05-13-2020

5/7

REIMBURSEMENT AGREEMENT

To: Mack Trucks, Inc. Or An Insurance Carrier Acting On Its Behalf

With respect to the weekly disability benefit payments made to me by you in connection with my claim dated _____, provided by my employer, Mack Trucks, Inc., and in accordance with Appendix B, Article II, Section 4(g), I understand that the amount of such benefit for any week or partial week of disability shall be reduced, if applicable, by the amount of benefit payments received for such week or partial week from Workers' Compensation and/or any Occupational Disease Law or Act which provides benefits for the time lost from work due to disability.

If I am awarded any or all of the benefits enumerated above for any week or partial week for which you have paid me a disability benefit, I agree to repay, in full and in one payment, upon receipt of such award monies, the amount by which the sum of:

- (1) Payments received from any or all of the benefits sources enumerated above; and
- (2) Salary Continuation and/or Accident and Sickness benefit payments made by you

which exceeds the Salary Continuation and/or Accident and Sickness benefit payments made for the same period, up to the amount of said Salary Continuation and/or Accident and Sickness payments.

I further agree, that I will notify you immediately upon my receiving notice that I have been awarded Workers' Compensation benefits and/or any Occupational Disease Law or Act benefits provided for time lost from work due to disability. Should my claim be compensable, I further agree either to repay Mack Trucks, Inc., all amounts paid on my behalf under the group health benefits program, or Mack Trucks, Inc., shall be subrogated out of any Workers' Compensation agreement or award up the amount paid,

May 22, 2020
DATE

EMPLOYEE SIGNATURE

Colleen S. Behm

EMPLOYEE NAME (PRINTED/TYPED)

450939

BADGE NO.

May. 26. 2020 2:26PM
6103760745

NEUROLOGY DOB STE 210

No. 2646 P. 5

02:57 a.m. 05-19-2020 617

Macon Health Office
Lahigh Valley Operations
7000 Alburle Road
Macon, Pa 18062-9831
PHONE# (610) 966-8878; FAX# (610) 966-8882

DIAGNOSIS TREATMENT PLAN

RELEASE FAX COMPLETED FROM BUREAU TO FAX# (610) 966-8882
ACAPAT COMPLETION CRIMINAL JUSTICE

DATE: 5/20/2020

PATIENT'S NAME (PRINT):

Colleen Behm

① MULTIPLE CONCUSSIONS ② POST CONCUSSION SYNDROME, MANIFESTED BY
ENCRAMPED MIGRAINE HEADACHES, IRRITABILITY, POOR MEMORY, ANXIETY, POST TRAUMATIC
STRESS DISORDER WITH NIGHT TERRORS AND INSOMNIA WITH CONCUSSION HISTORY AND
DIAGNOSIS: RECOVERY PROLONGED BY WORK FORCING HER TO RETURN TO WORK BEFORE
SYMPTOM ABATEMENT.

TREATMENT PLAN: ① CONTINUE SEEING THERAPIST FOR PTSD

② INCREASE AMITRIPTYLINE TO 100mg/day

③ ANAPHRODISING FOR MIGRAINE HEADACHES

④ NEED TO IMPROVE SLEEPING TO 7-8 hrs.

⑤ NO WORK TILL SYMPTOMS ABATE

⑥ IF MIGRAINES DO NOT IMPROVE, IN 2MO ADD CGRP BLOCKER

⑦ KEEP MENTALLY AND PHYSICALLY BUSY AS TOLERATED TO DISTRACT FROM
D. DECREASE STRESS

DIAGNOSTIC STUDIES: CT OR FMR 7/11/19 - ⑥ JAW CONTUSION

RETURN VISIT DATE: JULY 2020

PHYSICIAN SIGNATURE:

L. Bryzowski MD

PHYSICIAN SIGNATURE ONLY

PRINT PHYSICIAN'S NAME: Lawrence Bryzowski, MD

PHYSICIAN'S ADDRESS: 361 S 7th Ave Suite 210

West Reading PA 19611

PHYSICIAN'S PHONE #: 484 428-4654

Diagnosis Treatment plan Updated 5/19/20

May. 26, 2020 2:26PM
6108708745

NEUROLOGY DOB STE 210

No. 2646 P. 6

05/11/2020 05-13-2020

7/7

**MEDICAL DEPARTMENT
LEHIGH VALLEY OPERATIONS
PHYSICAL CAPABILITIES CHECKLIST**

Print Name/Address: Colleen BehmDate Completed: 6/22/20Dominant Hand: Right X Left

	Constant	Frequent	Occasional	Seldom	Never	N/A
LIFTING & REACHING:	67-100%	34-66%	6-33%	0-5%		
• Floor to Waist						
• Waist to Shoulder						
• Shoulder Height or Higher						
USE OF VIBRATORY TOOLS:						
MISCELLANEOUS ACTIVITIES:						
• Sitting						
• Standing						
• Walking						
• Bending						
• Twisting						
• Stooping / Squatting						
• Kneeling						
• Climbing						
• Crawling						
• Drivelling: Into Truck / Tractor / Trailer / Car						

	Constant	Frequent	Occasional	Seldom	Never
REPEITIVE TASKS:	67-100%	34-66%	6-33%	0-5%	
• Grasp / Grasp					
• Push / Pull					
• Fine Manipulation					
• Keyboard Operation					
• Foot Controls					

	Constant	Frequent	Occasional	Seldom	Never
LIFTING CAPABILITIES:					
• Seldom/Low 10 lbs. max. & occasionally carrying small objects. This does not mean rented work. Please address in sitting, standing, etc., in miscellaneous activities.					
• Light 20 lbs. max. frequently up to 10 lbs.					
• Medium 30 lbs. max. frequently up to 20 lbs. constant 10 lbs.					

Estimated Length of Disability: 3-6 months
or longerDate referred to RTW: Any modification that would prevent RTW activities? Yes X No Explain: Comments / Explanation: PT NOT ABLE TO PERFORM ANY OR ABOVE
ACTIVITIES WITHOUT EXCESSIVE PAIN. ACCL. CONDITIONPhysician's Signature: Z. Byrnes, MD



Neurology West Reading Tower
Health Medical Group
301 S. 7th Ave
Suite 210
West Reading PA 19611-1450
Phone: 484-628-4856
Fax: 484-628-4657

HR
2/3/2021

February 3, 2021

MACUNGIE MEDICAL

RECEIVED

Patient: Colleen Sara Behm
Date of Birth: 5/22/1989

To Whom it May Concern:

Colleen Behm was seen for an appointment on 2/3/2021. She may return to work on 2/16/21. Please contact my office with any questions or concerns.

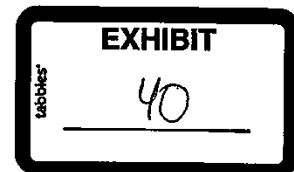
Sincerely,

Lawrence Brzozowski, MD
Tower Health Medical Group Neurology

RECEIVED

FEB 03 2021

MACUNGIE MEDICAL



Behm v. Mack Trucks, et al.

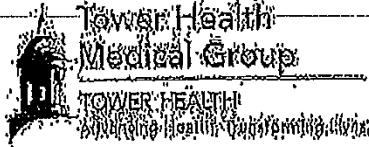
MACK0138

JA000466

Aug. 4. 2020 3:03PM

NEUROLOGY DOB STE 210

No. 3697 P. 2



Neurology Tower Health Medical Group

301 S. 7th Ave

Suite 210

West Reading PA 19611-1450

Phone: 484-628-4656

Fax: 484-628-4657

HR
8/5/2020

Colleen Sara Behm
216 Halsey Ave
Reading PA 19609

August 4, 2020

Patient:	Colleen Sara Behm
MR Number:	1095695
Date of Birth:	5/22/1989

To whom it may concern,

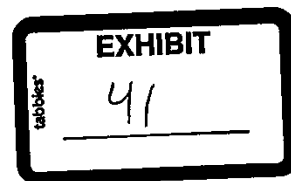
The above named person is under my care. She was in the office on 7/27/2020 and will be returning on 10/19/2020. It is my recommendation that she stays out of work until my next evaluation at her next follow up visit. If there are any questions, please call the office at 484-628-4656.

Sincerely,

LAWRENCE A BRZOZOWSKI, MD
Neurology Tower Health Medical Group

FORM# RH5401

RECEIVED
AUG 04 2020
MAGNIFIC MEDICAL



Behm v. Mack Trucks, et al.

MACK0141

JA000467

Oct. 14. 2020 10:19AM

NEUROLOGY DOB STE 210

No. 4979 P. 2

HR 701/14/2020



Neurology West Reading Tower Health Medical Group
301 S. 7th Ave
Suite 210
West Reading PA 19611-1450
Phone: 484-628-4656
Fax: 484-628-4657

Colleen Sara Behm
216 Halsey Ave
Reading PA 19609

RECEIVED

OCT 14 2020

MACKINAC MEDICAL

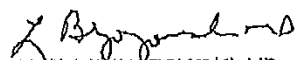
October 14, 2020

Patient: Colleen Sara Behm
MR Number: 1095898
Date of Birth: 5/22/1989

To whom it may concern,

The above named person is under my care. She was in the office on 7/27/2020 and due to a schedule change her follow up appointment have been rescheduled to 11/17/2020. It is my recommendation that she stays out of work until my next evaluation at her next follow up visit. If there are any questions, please call the office at 484-628-4656.

Sincerely,

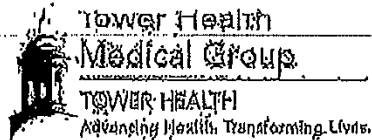

LAWRENCE A BRZOZOWSKI, MD
Neurology West Reading Tower Health Medical Group

FORM# RH5461

Nov. 17, 2020 1:45PM

NEUROLOGY DOB STE 210

11/17/2020 No. 5710 P. 2



Neurology West Reading Tower Health Medical Group
301 S. 7th Ave
Suite 210
West Reading PA 19611-1460
Phone: 404-620-4860
Fax: 404-620-4867

RECEIVED

NOV 17 2020

WAGUNGHE MEDICAL

Colleen Sara Behm
216 Halsey Ave
Reading PA 19609

November 17, 2020

Patient: Colleen Sara Behm
MR Number: 1086695
Date of Birth: 5/22/1989

To whom it may concern,

The above named person is under my care. She was in the office on 11/17/20 and her follow up appointment is on 02/01/21. It is my recommendation that she stays out of work until my next evaluation at her next follow up visit. If there are any questions, please call the office at 404 620 4860.

Sincerely,

LAWRENCE A BRZQZOWSKI, MD
Neurology West Reading Tower Health Medical Group

FORM# RH5481

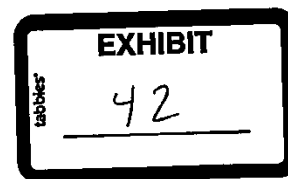
O'Neill Kaitlyn

From: colleen behm <colleenbehm@yahoo.com>
Sent: Monday, February 8, 2021 1:30 PM
To: O'Neill Kaitlyn
Subject: Resignation

CAUTION: This email originated from outside of the organization.

Hello Kaitlyn, Please consider this as my formal resignation. My last day of employment will be February 15, 2021.

Colleen Behm



Do you want region or international

international

313-926-5492. Say you are with Mack they will then put you in contact with Dave Snyder

Can I ask what's up

EXHIBIT

43

Well I know people have less seniority than me on first and I cannot do 2nd shift. I spoke to unemployment today and told them I was on 1st for 2 years and that they placed me on second and I stressed to them that I can't do second shift and that I'm able and available to work my normal shift and have children and a domestic violence case so they said mack needs to either offer me work on first shift or allow me to collect unemployment or temporarily lay

at the seniority list while she was on the phone with me and said

Schmitt said I'm to stay on second

My anxiety and migraines have been through the roof so I contemplated taking A&S but that's just a temporary solution

I had to call out Thursday and Friday for illness and today for no child care.

So why haven't you reached out to me

I've been in contact with Cruz but all he says is to be patient

So are you mad at me?

I have text messages from him making heavy moves towards me a couple months ago but I feel since I didn't entertain his advances that

Can you give me a day to look into it

I know you've been busy with everything

But I'm always willing to help so let me look into ok

Okay I'll hold off on Detroit but my points are racking up because of this whole ordeal

Do you have FMLA

Nope

I'm like 100 hours away from being qualified

Do you have the hours for it

Ok

Wed, Feb 26, 3:11 PM

made it almost into work and got a
phone call that my daughter threw
up everywhere so I had to call on
again well a doctors note from her
doctor cover today and yesterday

Well...

Ya you will get one point

Ok cool

Fri, Feb 28, 5:30 PM

1,100.3

C

+/-

%

7

8

9

Yes 1250

HR wants to have a meeting with me Monday

Ugh on points?

Yep, they are saying I have 7 when I have 5 because of court, me being sick and then Jana being sick. Only once I called off because I had to figure out daycare because I was going to second

So fuck hr

lol ok

I have all my court printouts. And doctors notes. Will they take those points away or do I need to hire an attorney. They can't make me come to work for those

Well if we do a grievance a lawyer

Yes

I have some subpoenas but the child support ones are just notice of hearing

2021 Draw

SUBPOENA (COMPLAINT IN THE COURT OF COMMON PLEAS OF BERKS COUNTY ON VIOLATION OF PROTECTION FROM ABUSE COURT ORDER)

SUBPOENA

Commonwealth of Pennsylvania
County of Berks

MD# 40-32-44510/33-302
OT# 0-757541
Warrant Control # 4412212

Person: Colleen Behm
Defendant: Corey Lee Helms
Charge: Indirect Criminal Contempt
Date of Offense: 09/17/2019

TO: Corey Lee Helms / Colleen Behm
Defendant and Petitioner

You are hereby subpoenaed and are required to appear in person before the
Honorable: Mary Morgan Judge of the Court of Common Pleas at the
Courtroom, 613 Court St., Reading, PA 19601 on October 1st
at 10:00 AM for a hearing on charges resulting from an allegation that you have
violated the following restraining court order

Colleen Behm
Magisterial District Judge

I acknowledge receipt of a copy of the above subpoena and I understand
that I am required to appear as directed in the Berks County Courtroom, Reading, PA
on the date and time specified for the purpose of the hearing.

Defendant
Corey Lee Helms

Petitioner
Colleen Behm

[illegible]

COREY L. BEHM

Defendant

PACSES Case Number: 551117401

Other State ID Number

ORDER OF COURT - APPEAR AT A MODIFICATION CONFERENCE

☐ Initial Conference
 ☐ Rescheduled Conference

You, COREY LEE BEHM, Respondent have been sued in Court to modify an existing support order. You, COREY LEE BEHM Respondent, and You, COLLEEN SARA BEHM Petitioner, are ordered to appear in person at DOMESTIC RELATIONS OFFICE C/O BERKS CO SERVICES CENTER, 8TH FL, 633 COURT ST, READING, PA. 19601-4316 on the 28TH DAY OF JANUARY, 2020 at 10:00AM for a conference and remain until dismissed by the Court. If the Petitioner of this action fails to appear as provided in this Order, this petition may be dismissed. If the Respondent of this action fails to appear as provided in this Order, an Order for Modification may be entered against the Respondent.

You are further required to bring to the conference:

1. A true copy of your most recent Federal Income Tax Return including W-2s, if filed.
 2. Your pay check for the preceding six (6) months.
 3. The Income Statement and the appropriate Expense Statement, if required, attached to this order, completed as required by Rule 1010.11 (c).
 4. Verification of child care expenses.
 5. Proof of medical coverage which you may have or may have available to you.
 6. If a physician has determined that a medical condition affects your ability to earn income you must obtain a Physician Verification Form from the domestic relations section, sign it, have it completed by your doctor, and bring it with you to the conference.
- If you intend to offer the Physician Verification Form as evidence at any related proceeding, you must comply with the timeframes established by PA Rule of Civil Procedure 1010.29(b)(2).
7. Information relating to professional licenses, and;
 8. Other

Conference/Hearing

Case #551117401

Behm, Colleen vs Behm, Corey

Your case with Corey Behm is scheduled for a conference to determine whether the support order is to be modified.

When

Tuesday January 28, 2020, 10:00 AM

[11]

JA000478

1001 Morgantown Road
Reading, PA 19607-0620

WORKSCHOOL EXCUSE

Date: 02/21/20

PATIENT NAME: Caden B. Hahn

Please excuse the above patient from work/school from 02/20/2020 to 02/21/2020 due to illness.

The patient may return to work/school on 02/24/2020.

Due to current privacy laws, the medical history for this patient will not be provided unless requested by the parent.

Sincerely,

Brent Calhoun
Brent Calhoun, PA-C

Electronically signed by Brent Calhoun, PA-C on 02/21/2020 at 10:47 am



Children's Clinic of Wyoming
2240 Pinewood Road, Suite 100
Wyoming, PA 19610
(610) 376-8891 / Fax (610) 376-8745

Sup
450939

02/20/2020

To Whom It May Concern

JANA BEIM is a patient of this practice and was seen today at our office.
Please excuse her parent or guardian from any work missed on
2/25, 2/26, & 2/27 as a result of this visit.

Thank You,

[Signature]

Thank You,

Timothy L. Tamm

Timothy L. Tamm MD, F.A.A.P.

RECEIVED
FEB 11 2021
MCGOWAN MEDICAL

Phone 610-376-8601

Fax 610-376-8745

Ok the subpoenas are what I need

In the Court of Common Pleas of Berks County, Pennsylvania
DOMESTIC RELATIONS SECTION

COLLEEN S. BEHM Plaintiff
DORREY L. BEHM Defendant

Case Number: 200302203
Case Number: 2003111401
Other State ID Number:

ORDER OF COURT

You, COLLEEN SARA BEHM, complainant/defendant of

are ordered to appear at DRS HEARING OFFICERS
200 BERKS CO SERVICES CENTER, 1700 PL. HUNTS RUN RD-P 603, COURT ST. READING, PA
19601-4316
before a hearing officer of the Domestic Relations Section, on the MARCH 2, 2020 at
9:00AM for a hearing.

You are further required to bring to the hearing:

1. A true copy of your most recent Federal Income Tax Return, including W-2s, as filed;
2. Your pay stubs for the preceding six (6) months;
3. The Income Statement and the appropriate Expense Statement, if required, attached to this order, completed as required by Rule 1910.11 (e);
4. Verification of child care expenses;
5. Proof of medical coverage when you may have, or may have available to you;
6. If a physician has determined that a medical condition affects your ability to earn income, you must obtain a Physician Verification Form from the Domestic Relations Section, sign it, have it completed by your doctor, and bring it with you to the hearing;
7. Information relating to professional licenses, and
8. Other:

JA000480

Dispensary never got medical clearance for me to return to work when I came back in September

So they have had me working with NO medical clearance

Ok I'm in a meeting

Thu, Mar 5, 11:55 AM

No worries

I'm sorry I was off yesterday. And today is out of control

I believe it. Lol

What are you thinking about the whole medical clearance thing

I didn't think they could do that

Me neither. I contacted an attorney and I'm at my doctors now getting new A&S papers and I'm not coming

was that I was following up with my neurologist in November

But I was forced to come back in September

O boy

Yep. Mack officially messed up

Yes I would agree

Plus they refused to take off my points for court and asked me what sickness me and my daughter had with a doctors note which is a hipaa violation

And then kept prying if it was the flu until I told her to stop and I wasn't releasing my health or daughters health info

I will look into that

why they had me working with no clearances

No nothing on that

Ugh. Okay.

It's been crazy with the virus

Oh I believe it! You better stay safe!

Are they going to close at all ?


I will. You too!!! I don't know yet



Message



7000EOC Form 5 (5/01)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Pennsylvania Human Relations Commission and EEOC <small>State or local Agency, if any</small>			
Name (Indicate Mr., Ms., Mrs.) Mr. Colleen Behm		Home Phone (Incl. Area Code) (610) 587-0522	Date of Birth 5/22/89
Street Address 216 Halsey Avenue		City, State and ZIP Code West Lawn, PA 19609	
Named Is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Mack Trucks, Inc.		No. Employees, Members >50	Phone No. (Include Area Code) 610-351-8800
Street Address 7000 Alburtis Road		City, State and ZIP Code Macungie, PA 18062	
Name United Auto Workers Local 677		No. Employees, Members >50	Phone No. (Include Area Code) (610) 797-7722
Street Address 2101 Mack Blvd., #1		City, State and ZIP Code Allentown, PA 18103	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 1/1/2019 7/22/2020 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>Respondant Mack Trucks, Inc., hired Ms. Behm on January 2, 2018 as a production flex technician. In October 2018, Ms. Behm was out work on short term disability due to anxiety she suffered as a result of domestic violence. When she returned to work in January of 2019, Ms. Behm started being targeted by superiors that began writing her up for unwarranted reasons. On May 8, 2019 Ms. Behm suffered a work-related head injury. Ms. Behm struck her head on a metal bracket while working in a sleeper cab. Later that evening, Ms. Behm went to Reading Emergency Room and was discharged with a concussion and scalp contusion.</p> <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> EXHIBIT tabbies <u>44</u> </div>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date Jul 22, 2020		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Charging Party Signature  Colleen Behm (Jul 22, 2020 11:49 EDT)		Colleen Behm E-signed 2020-07-22 11:49AM EDT colleenbehm@yahoo.com	

Plaintiff 000437

Adobe Sign Transaction Number: CBJCH8CAABAQQT4KGA615ulzhJV-ML2IHkVSpK0iW

JA000484

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: _____ Agency(ies) Charge No(s): _____ <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC
PENNSYLVANIA HUMAN RELATIONS COMMISSION and EEOC <small>State or local Agency, if any</small>		
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):		
<p> In May of 2019, Ms. Behm procured a protection from abuse order against her husband. On May 11, 2019, she was assaulted by her husband. Ms. Behm was struck more than a dozen times resulting in a large laceration to the back of her head. Ms. Behm saw a neurologist, Dr. Lawrence A. Brzozowski, for her head injuries and was taken out of work until November 2019. Mack Trucks, Inc., insisted Ms. Behm see a neurologist of their choosing, Paul M. Shipkin, M.D., for an Independent Medical Evaluation. Dr. Shipkin found Ms. Behm capable of returning to work full time with no restrictions referable to her May 8, 2019 work-related injuries only. On May 10, 2020, Ms. Behm received a Notice of Ability to Return to Work form clearing her to return to work related to injuries sustained during her May 8, 2019 work-related accident. Ms. Behm's workers' compensation claim was denied on May 23, 2019. </p> <p> Ms. Behm's migraines from her injuries were getting more intense as well as her anxiety from PTSD. In March of 2020, Ms. Behm was taken out of work again by Dr. Brzozowski. Ms. Behm is now diagnosed with post-concussive syndrome due to returning to work too early. As a result of her marital abuse, Ms. Behm had to attend numerous court hearings for the assault and was threatened by Mack Trucks, Inc., that if more work was missed she would be fired, which is a violation of the Pennsylvania Crime Victims Act. During this time, Ms. Behm missed five days of work due to her daughter being sick as well as herself. Ms. Behm provided Mack Trucks, Inc., with doctors' notes for her missed days of work. Ms. Behm was questioned multiple times on the reasoning for her missed work. For the first two years of employment, Ms. Behm worked first shift. After her return from medical leave, Ms. Behm was placed on second shift with only one days notice. Ms. Behm stressed to Mack Trucks, Inc., and her Union Representative, that she could not work that shift because of child care issues. Mack Trucks, Inc., did not change her back to first shift. </p> <p> Ms. Behm's union representative, Cruz Rivera, made several sexual advances towards Ms. Behm. Mr. Rivera would send text messages to Ms. Behm at all hours of the day and night including while he was the bar. Mr. Rivera told her to feel free to flirt with him and that it's not very often a pretty woman works for the company. Ms. Behm repeatedly told him to keep the conversation professional. Ms. Behm made a complaint to the union chairman, Kevin Fronheiser, about Mr. Rivera's advancements. No actions were taken against Mr. Rivera. Ms. Behm feels that because she did not entertain Mr. Rivera's advancements, he did not fight for her to get her first shift back December 2019. </p> <p> In light of the above, Respondents (Mack Trucks, Inc. and United Auto Workers Local 677) actions violated Ms. Behm's rights under Title VII of the Civil Rights Act of 1964, and under the Americans with Disabilities Act. </p>		
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - When necessary for State and Local Agency R	
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Jul 22, 2020 Date	Colleen Behm (Jul 22, 2020 11:49 EDT) Charging Party Signature	
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		Colleen Behm E-signed 2020-07-22 11:49AM EDT colleenbehm@yahoo.com



EEOC Form 161 (11/2020)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Colleen S. Behm
216 Halsey Avenue
West Lawn, PA 19609

From: Philadelphia District Office
801 Market Street
Suite 1000
Philadelphia, PA 19107



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

530-2020-04926

Legal Unit,
Legal Technician

(267) 589-9707

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.



The EEOC issues the following determination: The EEOC will not proceed further with its investigation, and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.

On behalf of the Commission



Jamie R. Williamson,
District Director

March 11, 2021

(Date Issued)

Enclosures(s)

cc: Robert Lippitt
VOLVO GROUP NORTH AMERICA
7900 National Service Road, Cc2-7
Greensboro, NC 27409

Graham F Baird, Esq,
Two Penn Center, Suite 1240
1500 Jfk Boulevard
Philadelphia, PA 19102

EXHIBIT

tabbies

45

Plaintiff 000296

JA000486

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 1 of 12

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COLLEEN BEHM

Plaintiff,

v.

MACK TRUCKS, INC.

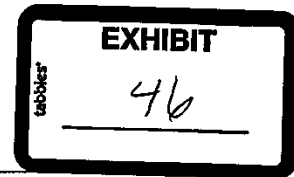
And

UNITED AUTO WORKERS
LOCAL 677

Defendant.

JURY DEMANDED

No. 21-2500



CIVIL ACTION COMPLAINT

I. Parties and Reasons for Jurisdiction.

1. Plaintiff, COLLEEN BEHM (hereinafter "Plaintiff") is an adult individual residing at the above address.
2. Defendant, MACK TRUCKS, INC., (hereinafter "Mack") is a business corporation organized by and operating under the laws of the Commonwealth of Pennsylvania and having a principal place of business at the above captioned address.
3. Defendant, UNITED AUTO WORKERS LOCAL 677, (hereinafter "UAW") is a union organized by and operating under the laws of the Commonwealth of Pennsylvania and having a principal place of business at the above captioned address. Both Defendants are hereinafter referred to collectively as "Defendants."
4. At all times material hereto, Defendants qualified as Plaintiff's employer pursuant to the Americans with Disabilities Act, the Pennsylvania Human Relations Act and as defined under Pennsylvania common law.

JA000487

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 2 of 12

5. This action is instituted pursuant to the Americans with Disabilities Act, the Family and Medical Leave Act and the Pennsylvania Human Relations Act.

6. Jurisdiction is conferred by 28 U.S.C. §§ 1331 and 1343.

7. Supplemental jurisdiction over the Plaintiff's state law claim is conferred pursuant to 28 U.S.C. § 1367.

8. Plaintiff has exhausted her administrative remedies prior to bringing this civil rights claim. [Exh. A.]

9. Pursuant to 28 U.S.C. § 1391(b)(1) and (b)(2), venue is properly laid in this district because Defendants conduct business in this district, and because a substantial part of the acts and/or omissions giving rise to the claims set forth herein occurred in this judicial district. Plaintiff was working in the Eastern District of Pennsylvania at the time of the illegal actions by Defendants as set forth herein.

II. Operative Facts.

10. On or about January 2, 2018, Defendant, MACK hired Plaintiff as a production flex technician.

11. In or around October of 2018, Plaintiff took a medical leave from work and collected short term disability as a result of anxiety due to a domestic violence situation she suffered.

12. In or around January of 2019, Plaintiff returned to work in her full capacity.

13. Upon her return to work, Plaintiff was targeted by her superiors who began to write her up for unwarranted reasons.

14. On or about May 8, 2019, Plaintiff suffered a work-related head injury.

15. Plaintiff was working in a sleeper cab and struck her head on a metal bracket while performing her job duties.

16. Plaintiff went to Reading Hospital emergency room and was subsequently discharged with a concussion and scalp contusion.

17. During this time, Plaintiff procured a protection from abuse order against her husband.

18. On or about May 11, 2019, Plaintiff was assaulted by her husband, who struck her than a dozen times resulting in a large laceration to the back of her head.

19. Plaintiff saw a neurologist, Dr. Lawrence Brzozowski, for her head injuries who placed her out of work until November of 2019.

20. Defendant Mack insisted Plaintiff be evaluated by a neurologist of their choosing, Dr. Paul Shipkin, for an independent medical evaluation.

21. Dr. Shipkin found Plaintiff capable of returning to work full time with no restrictions, referable to her May 8, 2019 workplace-related injuries ONLY.

22. On or about May 10, 2019, which was prior to her assault, Plaintiff received a notice of ability to return to work form clearing her to return to work related to the injuries sustained during her May 8, 2019 work-related accident.

23. On or about May 23, 2019, Plaintiff's worker's compensation claim was denied.

24. Following her injuries, Plaintiff began to suffer migraines that were increasing in severity, as well as worsening anxiety and PTSD.

25. In or around March of 2020, Plaintiff was ordered out of work again by Dr. Brzozowski due to the worsening of her symptoms.

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 4 of 12

26. Plaintiff was subsequently diagnosed with post-concussive syndrome, stemming from being forced to return to work too early.

27. As a result of her domestic violence situation and assault, Plaintiff was required to attend numerous court hearings, as well as missing several days of work due to both her own and her daughter's illness.

28. Defendant Mack warned Plaintiff that if more work was missed, she would be fired.

29. Defendant Mack questioned Plaintiff multiple times on the reasoning for her missed work, even after she provided doctor's notes for her missed days.

30. Additionally, following her return from her medical leave, Plaintiff was moved from her first shift schedule to second shift with only one day's notice.

31. Plaintiff informed Defendant Mack and Defendant UAW's union representative that she was unable to work that shift due to childcare issues.

32. Defendant Mack refused to change her schedule back to first shift.

33. Additionally, Defendant UAW's union representative, Cruz Rivera, made several sexual advances towards Plaintiff.

34. Mr. Rivera would send text messages to Plaintiff at all hours of the day and night, including while he was at the bar, telling Plaintiff to "feel free to flirt with [Mr. Rivera]" and that it's "not very often a pretty woman works for [Defendant Mack]".

35. Plaintiff responded several times that she was not interested and to keep the conversation professional, however Mr. Rivera persisted.

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 5 of 12

36. Plaintiff made a complaint to Defendant UAW's union chairman, Kevin Fronheiser regarding Mr. Rivera's inappropriate advances; however, upon information and belief, no action was taken to address the situation.

37. Due to this situation, Plaintiff felt that Mr. Rivera failed to properly represent her as union representative with Defendant Mack.

38. As a result of Defendants' retaliatory behavior and unwillingness to engage in accommodating Plaintiff's disability, she resigned on or about February 15, 2021.

39. Defendants' primary motivation for retaliating against Plaintiff was her complaint about sexual harassment, the fact that she required an accommodation for her disability and/or that she filed a worker's compensation claim.

40. As a direct and proximate result of Defendants' conduct in toward Plaintiff, she sustained great economic loss, future lost earning capacity, lost opportunity, loss of future wages, as well emotional distress, humiliation, pain and suffering and other damages as set forth below.

III. Causes of Action.

COUNT I— AMERICANS WITH DISABILITIES ACT (42 U.S.C.A. § 12101 et seq) (Plaintiff v. Defendant, MACK)

41. Plaintiff incorporates paragraphs 1-40 as if fully set forth at length herein.

42. At all times material hereto, and pursuant to the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, et seq., an employer may not discriminate against an employee based on a disability.

43. Plaintiff is a qualified employee and person within the definition of Americans with Disabilities Act of 1990, 42 U.S.C. §12101, et seq.

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 6 of 12

44. Defendant, MACK is an “employer” and thereby subject to the strictures of the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, et seq.

45. At all times material hereto, Plaintiff had a qualified disability, as described above.

46. Defendant failed to accommodate or otherwise engage Plaintiff in a meaningful back and forth towards the development of a reasonable accommodation.

47. Defendant, MACK’s conduct toward Plaintiff is an adverse action, was taken as a result of her disability and constitutes a violation of the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, et seq.,

48. As a proximate result of Defendant, MACK’s conduct, Plaintiff sustained significant damages, including but not limited to: great economic loss, future lost earning capacity, lost opportunity, loss of future wages, loss of front pay, loss of back pay, liquidated damages as well as emotional distress, humiliation, pain and suffering, consequential damages and Plaintiff has also sustained work loss, loss of opportunity, and a permanent diminution of his earning power and capacity and a claim is made therefore.

49. As a result of the conduct of Defendant, MACK’s owners/management, Plaintiff hereby demands punitive damages. .

50. Pursuant to the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, et seq Plaintiff demands attorneys fees and court costs.

COUNT II– VIOLATIONS OF TITLE VII OF THE CIVIL RIGHTS ACT OF 1964
(Hostile Work Environment; 42 U.S.C.A. § 2000 et seq)
(Plaintiff v. Defendants)

51. Plaintiff incorporates paragraphs 1-50 as if fully set forth at length herein.

52. Defendant, MACK employs fifteen (15) or more employees.

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 7 of 12

53. As described above, Plaintiff was subjected to unwelcome sexual advances, language, innuendo, statements, and/or other conduct by her co-worker/union representative, all while being employed by Defendant.

54. The aforementioned actions and conduct were severe, pervasive and continuous, and created a hostile work environment for Plaintiff.

55. Defendants' conduct, as set forth above, violated Title VII of the Civil Right Act of 1964.

56. As a proximate result of Defendants' conduct, Plaintiff sustained significant damages including by not limited to: great economic loss, future lost earning capacity, lost opportunity, lost future wages, loss of front pay and back pay, as well as emotional distress, humiliation, personal injury type damages, pain and suffering, consequential damages, as well as a work loss, loss of opportunity and a permanent diminution of her earning power and capacity, and a claim is made therefore.

COUNT III- VIOLATIONS OF TITLE VII OF THE CIVIL RIGHTS ACT OF 1964
(Retaliation; 42 U.S.C.A. § 2000 et seq)
(Plaintiff v. Defendant MACK)

57. Plaintiff incorporates paragraphs 1-56 as if fully set forth at length herein.

58. Defendant, MACK constructively terminated and took other adverse action against Plaintiff's employment in retaliation for her complaints and/or opposition to the sexual harassment.

59. Defendant, MACK's conduct, as set forth above, violated Title VII of the Civil Rights Act of 1964.

60. As a proximate result of Defendant's conduct, Plaintiff sustained significant damages, including but not limited to: great economic loss, future lost earning capacity, lost opportunity, loss of future wages, loss of front pay, loss of back pay, as well as emotional distress, humiliation, pain and suffering, consequential damages and Plaintiff has also sustained

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 8 of 12

work loss, loss of opportunity, and a permanent diminution of her earning power and capacity and a claim is made therefore.

61. As a result of the conduct of Defendant, MACK's owners/management, Plaintiff hereby demands punitive damages.

62. Pursuant to the Title VII of the Civil Rights Act of 1964, et seq Plaintiff demands attorneys fees and court costs.

COUNT IV—PENNSYLVANIA HUMAN RELATIONS ACT
43 Pa.C.S.A. §951, et seq.
(Plaintiff v. Defendants)

63. Plaintiff incorporates paragraphs 1-62 as if fully set forth at length herein.

64. As set forth above, Plaintiff is a member of a protected class.

65. Defendant, MACK constructively terminated Plaintiff's employment.

66. As set forth above, Defendants created a sexually hostile work environment for Plaintiff.

67. As set forth above, a motivating factor in the decision to terminate Plaintiff's employment is Plaintiff's disability.

68. As such, Defendants violated the Pennsylvania Human Relations Act, 43 Pa.C.S.A. §951, et seq.

69. As a proximate result of Defendants' conduct, Plaintiff sustained significant damages, including but not limited to: great economic loss, future lost earning capacity, lost opportunity, loss of future wages, loss of front pay, loss of back pay, as well as emotional distress, humiliation, pain and suffering, consequential damages and Plaintiff has also sustained work loss, loss of opportunity, and a permanent diminution of earning power and capacity and a claim is made therefore.

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 9 of 12

70. Plaintiff demands attorneys' fees and court costs.

**COUNT V—BREACH OF DUTY OF FAIR REPRESENTATION
(Plaintiff v. Defendant, UAW)**

71. Plaintiff incorporates paragraphs 1-70 as if fully set forth at length herein.

72. As described above, Defendant UAW neglected its obligation to protect Ms. Behm as required under the CBA.

73. As described above, Defendant UAW failed to diligently protect or Ms. Behm with regards to her employment with Defendant MACK.

74. Defendant UAW's actions were inexcusable, arbitrary and were done in bad faith.

75. Defendant UAW breached its duty to act honestly and in good faith and to avoid arbitrary conduct.

76. Defendant UAW breached its duty of fair representation that it owed to Plaintiff, Behm.

77. As a proximate result of Defendant, UAW's conduct, Plaintiff sustained significant damages, including but not limited to: great economic loss, future lost earning capacity, lost opportunity, loss of future wages, loss of front pay, loss of back pay, loss of tips as well as personal injury, emotional distress, humiliation, pain and suffering, consequential damages and Plaintiff has also sustained work loss, loss of opportunity, and a permanent diminution of her earning power and capacity and a claim is made therefore.

IV. Relief Requested.

WHEREFORE, Plaintiff, COLLEEN BEHM demands judgment in her favor and against Defendants, MACK TRUCKS, INC. and UNITED AUTO WORKERS LOCAL 677, in an amount in excess of \$150,000.00 together with:

Case 5:21-cv-02500-JMG Document 4 Filed 08/06/21 Page 10 of 12

- A. Compensatory damages, including but not limited to: back pay, front pay, past lost wages, future lost wages. Lost pay increases, lost pay incentives, lost opportunity, lost benefits, lost future earning capacity, injury to reputation, mental and emotional distress, pain and suffering;
- B. Punitive damages;
- C. Liquidated damages;
- D. Attorneys fees and costs of suit;
- E. Interest, delay damages; and,
- F. Any other further relief this Court deems just proper and equitable.

LAW OFFICES OF ERIC A. SHORE, P.C.

BY: s/ Graham F. Baird
GRAHAM F. BAIRD, ESQUIRE
Two Penn Center
1500 JFK Boulevard, Suite 1240
Philadelphia, PA 19102

Attorney for Plaintiff, Colleen Behm

Date: 8/6/2021

2018 W-2 and EARNINGS SUMMARY



Employee Reference Copy
W-2 Wage and Tax Statement 2018
OMB No. 1545-0045

Copy to be filed with employee's Federal Income Tax Return.

d. Control number	Dept.	Emp. use only
129270 NCH3/VLJ	041222	A 159

e. Employer's name, address, and ZIP code

MACK TRUCKS INC
MACK TRUCKS INC
7900 NATIONAL SERVICE RD
GREENSBORO NC 27409-9416

Batch #02171

fff Employee's name, address, and ZIP code

COLLEEN BEHM
1904 VAN REED RD APT G4
WYOMISSING PA 19610

b. Employer's FED ID number	a. Employee's SSA number
22-1582040	188-70-4810

1. Wages, tips, other comp.	2. Federal income tax withheld
32881.44	1060.60

3. Social security wages	4. Social security tax withheld
32993.39	2045.59

5. Medicare wages and tips	6. Medicare tax withheld
32993.39	478.40

7. Social security tips	8. Allocated tips

9. Verification Code	10. Dependent care benefits
b92a-b94b-d25-dbb6	

11. Nonqualified plans	12a. See instructions for box 12
	C 4.40

14. Other	12b. D 111.95
2045 SUI	12c. DD 11058.43
7801.80 ACCSK	12d. 13. Stat emp Ret. plan 13d. party sick pay

15. State Employer's state ID no.	16. State wages, tips, etc.
PA 1106 9465	25187.19

17. State income tax	18. Local wages, tips, etc.
778.22	25187.19

19. Local income tax	20. Locality name
253.51	390303

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	33411.91	Social Security Tax Withheld	2045.59	PA State Income Tax	778.22
		Box 4 of W-2		Local Income Tax	253.51
Fed. Income Tax Withheld	1060.60	Medicare Tax Withheld	478.40	SUI/SDI/FLI	20.05
Box 2 of W-2		Box 6 of W-2		Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	PA State Wages, Tips, Etc. Box 16 of W-2	390303 LOWER Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	33,411.91	33,411.91	33,411.91	33,411.91	33,411.91
Plus: GIL (C-Box 12)	4.40	4.40	4.40	N/A	N/A
Less: Misc. Non Taxable Comp.	N/A	N/A	N/A	7,801.80	7,801.80
Less: 401(k) (D-Box 12)	111.95	N/A	N/A	N/A	N/A
Less: Other Cafe 125	422.92	422.92	422.92	422.92	422.92
Reported W-2 Wages	32,881.44	32,993.39	32,993.39	25,187.19	25,187.19

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

COLLEEN BEHM
1904 VAN REED RD APT G4
WYOMISSING PA 19610

Social Security Number: 188-70-4810

Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 5

STATE: 5

LOCAL:

* All PA local wages and withholding for Act 32 are reported to the employee work location PSD code.

EXHIBIT

tabbies

47

Federal Filing Copy
W-2 Wage and Tax Statement 2018
OMB No. 1545-0045

Copy to be filed with employee's Federal Income Tax Return.

d. Control number	Dept.	Emp. use only
129270 NCH3/VLJ	041222	A 159

e. Employer's name, address, and ZIP code

MACK TRUCKS INC
MACK TRUCKS INC
7900 NATIONAL SERVICE RD
GREENSBORO NC 27409-9416

fff Employee's name, address and ZIP code

COLLEEN BEHM
1904 VAN REED RD APT G4
WYOMISSING PA 19610

b. Employer's FED ID number	a. Employee's SSA number
22-1582040	188-70-4810

7. Social security tips	8. Allocated tips

9. Verification Code	10. Dependent care benefits
b92a-b94b-d25-dbb6	

11. Nonqualified plans	12a. See instructions for box 12
	C 4.40

14. Other	12b. D 111.95
2045 SUI	12c. DD 11058.43
7801.80 ACCSK	12d. 13. Stat emp Ret. plan 13d. party sick pay

15. State Employer's state ID no.	16. State wages, tips, etc.
PA 1106 9465	25187.19

17. State income tax	18. Local wages, tips, etc.
778.22	25187.19

19. Local income tax	20. Locality name
253.51	390303

PA State Filing Copy
W-2 Wage and Tax Statement 2018
OMB No. 1545-0045

Copy 2 to be filed with employee's State Income Tax Return.

d. Control number	Dept.	Emp. use only
129270 NCH3/VLJ	041222	A 159

e. Employer's name, address, and ZIP code

MACK TRUCKS INC
MACK TRUCKS INC
7900 NATIONAL SERVICE RD
GREENSBORO NC 27409-9416

fff Employee's name, address and ZIP code

COLLEEN BEHM
1904 VAN REED RD APT G4
WYOMISSING PA 19610

b. Employer's FED ID number	a. Employee's SSA number
22-1582040	188-70-4810

7. Social security tips	8. Allocated tips

9. Verification Code	10. Dependent care benefits

11. Nonqualified plans	12a. See instructions for box 12
	C 4.40

14. Other	12b. D 111.95
2045 SUI	12c. DD 11058.43
7801.80 ACCSK	12d. 13. Stat emp Ret. plan 13d. party sick pay

15. State Employer's state ID no.	16. State wages, tips, etc.
PA 1106 9465	25187.19

17. State income tax	18. Local wages, tips, etc.
778.22	25187.19

19. Local income tax	20. Locality name
253.51	390303

City or Local Filing Copy
W-2 Wage and Tax Statement 2018
OMB No. 1545-0045

Copy 2 to be filed with employee's City or Local Income Tax Return.

d. Control number	Dept.	Emp. use only
129270 NCH3/VLJ	041222	A 159

e. Employer's name, address, and ZIP code

MACK TRUCKS INC
MACK TRUCKS INC
7900 NATIONAL SERVICE RD
GREENSBORO NC 27409-9416

fff Employee's name, address and ZIP code

COLLEEN BEHM
1904 VAN REED RD APT G4
WYOMISSING PA 19610

b. Employer's FED ID number	a. Employee's SSA number
22-1582040	188-70-4810

7. Social security tips	8. Allocated tips

9. Verification Code	10. Dependent care benefits

11. Nonqualified plans	12a. See instructions for box 12
	C 4.40

14. Other	12b. D 111.95
2045 SUI	12c. DD 11058.43
7801.80 ACCSK	12d. 13. Stat emp Ret. plan 13d. party sick pay

15. State Employer's state ID no.	16. State wages, tips, etc.
PA 1106 9465	25187.19

17. State income tax	18. Local wages, tips, etc.
778.22	25187.19

19. Local income tax	20. Locality name
253.51	390303

Behm v. Mack Trucks, et al.

MACK0380

2019 W-2 and EARNINGS SUMMARY



Employee Reference Copy
W-2 Wage and Tax Statement 2019
 Copy C for employee's records
 OMB No. 1545-0045

d Control number 129270 NCN3/VLJ 041222
 e Employer's name, address, and ZIP code
 MACK TRUCKS INC
 MACK TRUCKS INC
 7900 NATIONAL SERVICE RD
 GREENSBORO NC 27409-9416
 Batch #01551

f Employer's name, address, and ZIP code
 COLLEEN BEHM
 216 HALSEY AVE
 WEST LAWN PA 19609

b Employer's FED ID number 22-1582040
 a Employee's SSA number 188-70-4810

1 Wages, tips, other comp. 34233.87
 2 Federal income tax withheld 984.98

3 Social security wages 36336.50
 4 Social security tax withheld 2252.86

5 Medicare wages and tips 36336.50
 6 Medicare tax withheld 526.88

7 Social security tips
 8 Allocated tips

9
 10 Dependent care benefits

11 Nonqualified plans
 12a See instructions for box 12
 12b D 2432.63
 12c DD 20726.15
 12d I

14 Other
 2248 SUI
 330.00 SUBPY
 9051.40 ACCSK

15 State Employer's state ID no. PA 1106 9465
 16 State wages, tips, etc. 27277.05

17 State income tax 838.49
 18 Local wages, tips, etc. 27277.05

19 Local income tax 273.10
 20 Locality name 390303

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	PA State Wages, Tips, Etc. Box 16 of W-2	390303 LOWER Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	37,790.45	37,790.45	37,790.45	37,790.45	37,790.45
Plus GTL (C-Box 12)	8.05	8.05	8.05	N/A	N/A
Less Misc. Non Taxable Comp.	N/A	330.00	330.00	9,381.40	9,381.40
Less 401(k) (D-Box 12)	2,432.63	N/A	N/A	N/A	N/A
Less Other Calc 125	1,132.00	1,132.00	1,132.00	1,132.00	1,132.00
Reported W-2 Wages	34,233.87	36,336.50	36,336.50	27,277.05	27,277.05

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

COLLEEN BEHM
 216 HALSEY AVE
 WEST LAWN PA 19609

Social Security Number: 188-70-4810
 Taxable Marital Status: MARRIED
 Exemptions/Allowances:
 FEDERAL: 5
 STATE: 5
 LOCAL:

* All PA local wages and withholding for Act 32 are reported to the employee work location PSD code.
 © 2019 ADP, LLC

Federal Filing Copy
W-2 Wage and Tax Statement 2019
 Copy B to be filed with employee's Federal Income Tax Return.

d Control number 129270 NCN3/VLJ 041222
 e Employer's name, address, and ZIP code
 MACK TRUCKS INC
 MACK TRUCKS INC
 7900 NATIONAL SERVICE RD
 GREENSBORO NC 27409-9416

b Employer's FED ID number 22-1582040
 a Employee's SSA number 188-70-4810

1 Wages, tips, other comp. 34233.87
 2 Federal income tax withheld 984.98

3 Social security wages 36336.50
 4 Social security tax withheld 2252.86

5 Medicare wages and tips 36336.50
 6 Medicare tax withheld 526.88

7 Social security tips
 8 Allocated tips

9
 10 Dependent care benefits

11 Nonqualified plans
 12a See instructions for box 12
 12b D 2432.63
 12c DD 20726.15
 12d I

14 Other
 2248 SUI
 330.00 SUBPY
 9051.40 ACCSK

15 State Employer's state ID no. PA 1106 9465
 16 State wages, tips, etc. 27277.05

17 State income tax 838.49
 18 Local wages, tips, etc. 27277.05

19 Local income tax 273.10
 20 Locality name 390303

PA State Filing Copy
W-2 Wage and Tax Statement 2019
 Copy 2 to be filed with employee's State Income Tax Return.

d Control number 129270 NCN3/VLJ 041222
 e Employer's name, address, and ZIP code
 MACK TRUCKS INC
 MACK TRUCKS INC
 7900 NATIONAL SERVICE RD
 GREENSBORO NC 27409-9416

b Employer's FED ID number 22-1582040
 a Employee's SSA number 188-70-4810

1 Wages, tips, other comp. 34233.87
 2 Federal income tax withheld 984.98

3 Social security wages 36336.50
 4 Social security tax withheld 2252.86

5 Medicare wages and tips 36336.50
 6 Medicare tax withheld 526.88

7 Social security tips
 8 Allocated tips

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 10 Dependent care benefits

11 Nonqualified plans
 12a See instructions for box 12
 12b D 2432.63
 12c DD 20726.15
 12d I

14 Other
 2248 SUI
 330.00 SUBPY
 9051.40 ACCSK

15 State Employer's state ID no. PA 1106 9465
 16 State wages, tips, etc. 27277.05

17 State income tax 838.49
 18 Local wages, tips, etc. 27277.05

19 Local income tax 273.10
 20 Locality name 390303

City or Local Filing Copy
W-2 Wage and Tax Statement 2019
 Copy 2 to be filed with employee's City or Local Income Tax Return.

d Control number 129270 NCN3/VLJ 041222
 e Employer's name, address, and ZIP code
 MACK TRUCKS INC
 MACK TRUCKS INC
 7900 NATIONAL SERVICE RD
 GREENSBORO NC 27409-9416

b Employer's FED ID number 22-1582040
 a Employee's SSA number 188-70-4810

1 Wages, tips, other comp. 34233.87
 2 Federal income tax withheld 984.98

3 Social security wages 36336.50
 4 Social security tax withheld 2252.86

5 Medicare wages and tips 36336.50
 6 Medicare tax withheld 526.88

7 Social security tips
 8 Allocated tips

9
 10 Dependent care benefits

11 Nonqualified plans
 12a See instructions for box 12
 12b D 2432.63
 12c DD 20726.15
 12d I

14 Other
 2248 SUI
 330.00 SUBPY
 9051.40 ACCSK

15 State Employer's state ID no. PA 1106 9465
 16 State wages, tips, etc. 27277.05

17 State income tax 838.49
 18 Local wages, tips, etc. 27277.05

19 Local income tax 273.10
 20 Locality name 390303

Behm v. Mack Trucks, et al.

MACK0381

2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy
W-2 Wage and Tax Statement **2020**
 Copy to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048

d Control number Dept. Corp. Employer use only
 129270 NCN3/VLJ 041222 A 143

e Employer's name, address, and ZIP code
 MACK TRUCKS INC
 MACK TRUCKS INC
 7900 NATIONAL SERVICE RD
 GREENSBORO NC 27409-9416
 Batch #01949

e/f Employee's name, address, and ZIP code
 COLLEEN BEHM
 216 HALSEY AVE
 WEST LAWN PA 19609

b Employer's FED ID number a Employee's SSA number
 22-1582040 XXX-XX-4810

1 Wages, tips, other comp. 2 Federal income tax withheld
 29879.24 681.22

3 Social security wages 4 Social security tax withheld
 23442.40 1453.43

5 Medicare wages and tips 6 Medicare tax withheld
 23442.40 339.91

7 Social security tips 8 Allocated tips

9 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12
 12b D 3.11
 12c DD 801.84
 12d 23782.42
 12e 12f 12g 12h 12i 12j 12k 12l 12m 12n 12o 12p 12q 12r 12s 12t 12u 12v 12w 12x 12y 12z

14 Other
 14.30 SUI
 330.00 SUBPY
 20346.56 ACCSK

15 State Employer's state ID no. 16 State wages, tips, etc.
 PA 1106 9465 10331.41

17 State income tax 18 Local wages, tips, etc.
 318.27 10331.41

19 Local income tax 20 Locality name
 103.65 390303

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	PA, State Wages, Tips, Etc. Box 16 of W-2	390303 LOWER Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	31,073.97	31,073.97	31,073.97	31,073.97	31,073.97
Plus GTL (C-Box 12)	3.11	3.11	3.11	N/A	N/A
Less Misc. Non Taxable Comp.	N/A	7,238.68	7,238.68	20,346.56	20,346.56
Less 401(k) (D-Box 12)	801.84	N/A	N/A	N/A	N/A
Less Other Cafs 125	396.00	396.00	396.00	396.00	396.00
Reported W-2 Wages	29,879.24	23,442.40	23,442.40	10,331.41	10,331.41

2. Employee Name and Address.

COLLEEN BEHM
 216 HALSEY AVE
 WEST LAWN PA 19609

* All PA local wages and withholding for Act 32 are reported to the employee work location PSD code.
 © 2020 ADP, Inc.

1 Wages, tips, other comp. 2 Federal income tax withheld
 29879.24 681.22

3 Social security wages 4 Social security tax withheld
 23442.40 1453.43

5 Medicare wages and tips 6 Medicare tax withheld
 23442.40 339.91

d Control number Dept. Corp. Employer use only
 129270 NCN3/VLJ 041222 A 143

e Employer's name, address, and ZIP code
 MACK TRUCKS INC
 MACK TRUCKS INC
 7900 NATIONAL SERVICE RD
 GREENSBORO NC 27409-9416

b Employer's FED ID number a Employee's SSA number
 22-1582040 XXX-XX-4810

7 Social security tips 8 Allocated tips

9 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12
 12b D 3.11
 12c DD 801.84
 12d 23782.42
 12e 12f 12g 12h 12i 12j 12k 12l 12m 12n 12o 12p 12q 12r 12s 12t 12u 12v 12w 12x 12y 12z

14 Other
 14.30 SUI
 330.00 SUBPY
 20346.56 ACCSK

15 State Employer's state ID no. 16 State wages, tips, etc.
 PA 1106 9465 10331.41

17 State income tax 18 Local wages, tips, etc.
 318.27 10331.41

19 Local income tax 20 Locality name
 103.65 390303

W-2 Federal Filing Copy Wage and Tax Statement **2020**
 Copy to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp. 2 Federal income tax withheld
 29879.24 681.22

3 Social security wages 4 Social security tax withheld
 23442.40 1453.43

5 Medicare wages and tips 6 Medicare tax withheld
 23442.40 339.91

d Control number Dept. Corp. Employer use only
 129270 NCN3/VLJ 041222 A 143

e Employer's name, address, and ZIP code
 MACK TRUCKS INC
 MACK TRUCKS INC
 7900 NATIONAL SERVICE RD
 GREENSBORO NC 27409-9416

b Employer's FED ID number a Employee's SSA number
 22-1582040 XXX-XX-4810

7 Social security tips 8 Allocated tips

9 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12
 12b D 3.11
 12c DD 801.84
 12d 23782.42
 12e 12f 12g 12h 12i 12j 12k 12l 12m 12n 12o 12p 12q 12r 12s 12t 12u 12v 12w 12x 12y 12z

14 Other
 14.30 SUI
 330.00 SUBPY
 20346.56 ACCSK

15 State Employer's state ID no. 16 State wages, tips, etc.
 PA 1106 9465 10331.41

17 State income tax 18 Local wages, tips, etc.
 318.27 10331.41

19 Local income tax 20 Locality name
 103.65 390303

W-2 PA State Filing Copy Wage and Tax Statement **2020**
 Copy to be filed with employee's State Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp. 2 Federal income tax withheld
 29879.24 681.22

3 Social security wages 4 Social security tax withheld
 23442.40 1453.43

5 Medicare wages and tips 6 Medicare tax withheld
 23442.40 339.91

d Control number Dept. Corp. Employer use only
 129270 NCN3/VLJ 041222 A 143

e Employer's name, address, and ZIP code
 MACK TRUCKS INC
 MACK TRUCKS INC
 7900 NATIONAL SERVICE RD
 GREENSBORO NC 27409-9416

b Employer's FED ID number a Employee's SSA number
 22-1582040 XXX-XX-4810

7 Social security tips 8 Allocated tips

9 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12
 12b D 3.11
 12c DD 801.84
 12d 23782.42
 12e 12f 12g 12h 12i 12j 12k 12l 12m 12n 12o 12p 12q 12r 12s 12t 12u 12v 12w 12x 12y 12z

14 Other
 14.30 SUI
 330.00 SUBPY
 20346.56 ACCSK

15 State Employer's state ID no. 16 State wages, tips, etc.
 PA 1106 9465 10331.41

17 State income tax 18 Local wages, tips, etc.
 318.27 10331.41

19 Local income tax 20 Locality name
 103.65 390303

W-2 City or Local Filing Copy Wage and Tax Statement **2020**
 Copy to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0048

Behm v. Mack Trucks, et al.

MACK0382

CO. FILE DEPT. CLOCK VCHR. NO.
 VLI 129270 041222 MC2 0000011374

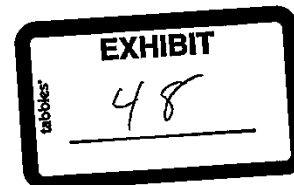
Earnings Statement

Period Beginning: 12/28/2020
 Period Ending: 01/03/2021
 Pay Date: 01/08/2021

Taxable Marital Status: Married

COLLEEN BEHM
216 HALSEY AVE
WEST LAWN, PA 19609

Earnings	rate	hours	this period	year to date	Important Notes
ASN			489.10		
Gross Pay	\$		489.10	489.10	Other Benefits and Information
Deductions	Statutory				this period year to date
	PA Withholding Tax			1.00-	
	LOWER MACUNGIE TOWNSHIP WITHHOLDING TAX				
	Other				
	Safety Shoes		140.00		
	Union Dues		51.48-		
	Net Pay	\$	576.62		
	Checking 1		576.62-		
	Net Check	\$	0.00		



Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

Advice number: 0000011374
 Period Beginning: 12/28/2020
 Period Ending: 01/03/2021
 Pay Date: 01/08/2021

Pay to the

order of **COLLEEN BEHM**

This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
 (THIS IS NOT A CHECK)

Behm v. Mack Trucks, et al.

MACK0383

JA000500

CO. FILE DEPT. CLOCK VCHR. NO.
VLJ 129278 041222 MC2 0000021357

Earnings Statement

Period Beginning: 01/04/2021
Period Ending: 01/10/2021
Pay Date: 01/15/2021

Taxable Marital Status: Married

COLLEEN BEHM
216 HALSEY AVE
WEST LAWN, PA 19609

Earnings	rate	hours	this period	year to date	Important Notes
ASN			488.10		
	Gross Pay	\$	488.10	978.20	Other Benefits and
					Information
Deductions	Statutory				this period
	PA Withholding Tax			2.00-	year to date
	LOWER MACUNGIE TOWNSHIP WITHHOLDING				
	Other				
	Net Pay	\$	488.10		
	Checking 1		488.10-		
	Net Check	\$	0.00		

Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

Advice number: 0000021357
Period Beginning: 01/04/2021
Period Ending: 01/10/2021
Pay Date: 01/15/2021

Pay to the order of **COLLEEN BEHM**
This Amount: **NO AND 00/100 DOLLARS** **\$0.00**

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Behm v. Mack Trucks, et al.

MACK0384

JA000501

CO. FILE DEPT. CLOCK VCHR. NO.
VLJ 129270 041222 MC2 0000031300

Earnings Statement

Period Beginning: 01/11/2021
Period Ending: 01/17/2021
Pay Date: 01/22/2021

Taxable Marital Status: Married

COLLEEN BEHM
216 HALSEY AVE
WEST LAWN, PA 19609

Earnings	rate	hours	this period	year to date	Important Notes
ASN			489.10		
	Gross Pay	\$	489.10	1,467.30	Other Benefits and
					Information this period year to date
Deductions	Statutory				
	PA Withholding Tax			3.00-	
	LOWER MACUNGIE TOWNSHIP WITHHOLDING				
	Other				
	Net Pay	\$	488.10		
	Checking 1		488.10-		
	Net Check	\$	0.00		

Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

Advice number: 0000031300
Period Beginning: 01/11/2021
Period Ending: 01/17/2021
Pay Date: 01/22/2021

Pay to the
order of **COLLEEN BEHM**
This Amount: **NO AND 00/100 DOLLARS** **\$0.00**

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Behm v. Mack Trucks, et al.

MACK0385

JA000502

CO. FILE DEPT. CLOCK VCHR. NO.
VLJ 129270 041222 MC2 0000041351

Earnings Statement

Period Beginning: 01/18/2021
Period Ending: 01/24/2021
Pay Date: 01/29/2021

Taxable Marital Status: Married

COLLEEN BEHM
216 HALSEY AVE
WEST LAWN, PA 19609

Earnings	rate	hours	this period	year to date	Important Notes
ASN			489.10		
	Gross Pay	\$	489.10	1,956.40	Other Benefits and Information
Deductions	Statutory				this period year to date
	PA Withholding Tax			4.00-	
	LOWER MACUNGIE TOWNSHIP WITHHOLDING TAX				
	Other				
	Net Pay	\$	488.10		
	Checking 1		488.10-		
	Net Check	\$	0.00		

Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

Advice number: 0000041351
Period Beginning: 01/18/2021
Period Ending: 01/24/2021
Pay Date: 01/29/2021

Pay to the

order of **COLLEEN BEHM**

This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Behm v. Mack Trucks, et al.

MACK0386

JA000503

CO. FILE DEPT. CLOCK VCHR. NO.
 VLI 129270 041222 MC2 0000061348

Earnings Statement

Period Beginning: 02/01/2021
 Period Ending: 02/07/2021
 Pay Date: 02/12/2021

Taxable Marital Status: Married

COLLEEN BEHM
216 HALSEY AVE
WEST LAWN, PA 19609

Earnings	rate	hours	this period	year to date	Important Notes
ASN			489.10		
	Gross Pay	\$	489.10	2,934.60	Other Benefits and
					Information
					this period year to date
Deductions	Statutory				
	PA Withholding Tax			6.00-	
	LOWER MACUNGIE TOWNSHIP WITHHOLDING TAX				
	Other				
	Net Pay	\$	489.10		
	Checking 1		489.10-		
	Net Check	\$	0.00		

Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

Advice number: 0000061348
 Period Beginning: 02/01/2021
 Period Ending: 02/07/2021
 Pay Date: 02/12/2021

Pay to the order of **COLLEEN BEHM**
 This Amount: **NO AND 00/100 DOLLARS** \$0.00

NON-NEGOTIABLE
 (THIS IS NOT A CHECK)

Behm v. Mack Trucks, et al.

MACK0388

JA000504

CO. FILE DEPT. CLOCK VCHR. NO.
VLJ 129270 041222 MC2 0000071374

Earnings Statement

Period Beginning: 02/08/2021
Period Ending: 02/14/2021
Pay Date: 02/19/2021

Taxable Marital Status: Married

COLLEEN BEHM
216 HALSEY AVE
WEST LAWN, PA 19609

Earnings	rate	hours	this period	year to date	Important Notes
ASN			489.10		
	Gross Pay	\$	489.10	3,423.70	Other Benefits and Information
Deductions	Statutory				this period year to date
	PA Withholding Tax			7.00-	
	LOWER MACUNGIE TOWNSHIP WITHHOLDING				
	Other				
	Net Pay	\$	488.10		
	Checking 1		488.10-		
	Net Check	\$	0.00		

Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

Advice number: 0000071374
Period Beginning: 02/08/2021
Period Ending: 02/14/2021
Pay Date: 02/19/2021

Pay to the order of **COLLEEN BEHM**
This Amount: **NO AND 00/100 DOLLARS** **\$0.00**

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Behm v. Mack Trucks, et al.

MACK0389

JA000505

CO. FILE DEPT. CLOCK VCHR. NO.
VLI 129270 041222 MC2 0000091399

Earnings Statement

Period Beginning: 02/22/2021
Period Ending: 02/28/2021
Pay Date: 03/05/2021

Taxable Marital Status: Married

COLLEEN BEHM
216 HALSEY AVE
WEST LAWN, PA 19609

Earnings	rate	hours	this period	year to date	Important Notes
ASN			97.82		
Vac Payout			2,592.34		
Gross Pay			\$ 2,690.16	6,113.86	Other Benefits and Information
					this period year to date
Deductions	Statutory				
	Federal Withholding Tax		570.31-	570.31-	
	Social Security Tax		160.73-	160.73-	
	Medicare Tax		37.59-	37.59-	
	SUI/SDI Tax		1.56-	1.56-	
	PA Withholding Tax		79.58-	79.58-	
	LOWER MACUNG W/H Tax		25.92-	25.92-	
	PA Withholding Tax			8.00-	
	LOWER MACUNGIE TOWNSHIP W/H Tax				
	Other				
	Union Dues		51.48-		
	Net Pay		\$ 1,761.99		
	Checking 1		1,761.99-		
	Net Check		\$ 0.00		

Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

Advice number: 0000091399
Period Beginning: 02/22/2021
Period Ending: 02/28/2021
Pay Date: 03/05/2021

Pay to the

order of **COLLEEN BEHM**

This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Behm v. Mack Trucks, et al.

MACK0390

JA000506

CO. FILE DEPT. CLOCK VCHR. NO.
VLJ 129270 041222 MC2 0000165413

Earnings Statement

Period Beginning: 04/19/2021
Period Ending: 04/19/2021
Pay Date: 04/26/2021

Taxable Marital Status: Married

COLLEEN BEHM
216 HALSEY AVE
WEST LAWN, PA 19609

Earnings	rate	hours	this period	year to date	Important Notes
Profit Sharing			121.28		
Gross Pay	\$		121.28	6,235.14	Other Benefits and
					Information
Deductions	Statutory		this period	year to date	
	Federal Withholding Tax		26.68-	596.99-	
	Social Security Tax		7.51-	168.24-	
	Medicare Tax		1.76-	39.35-	
	SUI/SDI Tax		0.07-	1.63-	
	PA Withholding Tax		3.72-	83.30-	
	LOWER MACUNG W/H Tax		1.21-	27.13-	
	PA Withholding Tax			8.00-	
	Other				
	Ua Union Dues		1.76-		
	Net Pay	\$	78.51		
	Checking 1		78.51-		
	Net Check	\$	0.00		

Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

Advice number: 0000165413
Period Beginning: 04/19/2021
Period Ending: 04/19/2021
Pay Date: 04/26/2021

Pay to the

order of **COLLEEN BEHM**

This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Behm v. Mack Trucks, et al.

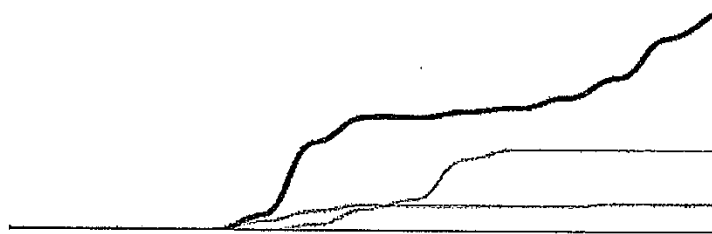
MACK0391

JA000507

EARNING STATISTICS

All time

\$967.20 ^



01 Sep 08:00 pm

05 Oct 04:05 am

07 Nov 11:10 am



From Sep 1, 2021 To Nov 7, 2021

• SUBSCRIPTIONS	\$643.20
• TIPS	\$84.00
• POSTS	\$0.00
• MESSAGES	\$240.00
• REFERRALS	\$0.00
• STREAMS	\$0.00

TOTAL

GROSS \$1209.00

NET \$967.20

EXHIBIT

49

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

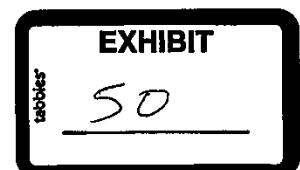
COLLEEN BEHM	:	JURY DEMANDED
	:	
Plaintiff,	:	
	:	
v.	:	
	:	No. 21-2500
MACK TRUCKS, INC., ET AL	:	
	:	
Defendant.	:	

RULE 26 DISCLOSURES

Plaintiff, COLLEEN BEHM ("Plaintiff") by and through her undersigned attorneys, hereby serves the following R. 26 Disclosures upon Defendants, MACK TRUCKS, INC. and UNITED AUTO WORKERS LOCAL 677 (collectively referred to as "Defendants"). These disclosures will be supplemented as new information becomes available to Plaintiff as investigation and discovery are ongoing.

A. PERSONS WITH KNOWLEDGE.

Pursuant to FED. R. CIV. P. 26(a)(1)(A), the following individuals may have discoverable information that Plaintiff may use to support her claims: Plaintiff, Defendants and their employees, management, members and representatives and individuals identified in Plaintiff's complaint, including Plaintiff, Colleen Behm, employees of Defendants, including Cruz Rivera, Kevin Fronkeiser, Joshua Knappenberger, Kenneth Virgil and Dr. Paul Shipkin. Plaintiff's treating physicians, doctors and therapists, including Dr. Lawrence Brzozowski, her therapist, Jill Sniveley are expected to have information concerning Plaintiff's disability, medical treatment, accommodations requests and her ability to work. Other individuals who worked for Defendant are also expected to have information relating to Plaintiff's employment and the reasons for separation from employment. Plaintiff reserves the right to supplement these



disclosures in accordance with the Federal Rules of Civil Procedure and any applicable case management order as investigation and discovery are continuing.

B. DOCUMENTS

Pursuant to FED. R. CIV. P. 26(a)(1), Plaintiff may use the following categories of documents, electronically stored information and other materials to support her claims against Defendant, as follows: documents created by Defendant related to Plaintiff's employment and claims; employment records and documented communications relating to and between Plaintiff and her supervisors, managers and co-workers; any medical records relating to Plaintiff's medical condition, any requests for accommodations and documents reflecting communications relating to those requests, employment files and documents related to other employees similarly situated to Plaintiff; evidence of mitigation efforts and Plaintiff's employment documents, including but not limited to the employee handbook.

C. DAMAGES

Pursuant to FED. R. CIV. P. 26(a)(1), Plaintiff seeks damages, as set forth in her complaint, including but not limited to lost wages and economic damages, lost future earnings, lost opportunity, front pay, back pay, as well as punitive damages, liquidated damages, interest, attorneys fees and costs. Plaintiff also seeks damages for emotional distress caused by Defendant's termination of her employment. To date, Plaintiff has sustained approximately \$21,964 in lost wages and economic loss.

D. INSURANCE

Not applicable.

LAW OFFICES OF ERIC A. SHORE, P.C.

BY: /s/Graham F. Baird
GRAHAM F. BAIRD, ESQUIRE
Attorney for Plaintiff, Colleen Behm

Date: August 31, 2021

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COLLEEN BEHM

Plaintiff,

v.

MACK TRUCKS, INC., ET AL

Defendant.

JURY DEMANDED

No. 21-2500

CERTIFICATE OF SERVICE

On August 31, 2021 the undersigned served the foregoing Rule 26 Disclosures via e-mail upon Counsel for Defendants:

Bileen K. Keefe, Esq.
Jackson Lewis, P.C.
1601 Cherry Street
Suite 1350
Philadelphia, PA 19102
Bileen.Keefe@Jacksonlewis.com

And

Cassie R. Ehrenberg, Esq.
Cleary, Josem & Trigiani, LLP
Constitution Place
325 Chestnut Street,
Suite 200
Philadelphia, PA 19106
CEhrenberg@cjlaw.org

LAW OFFICES OF ERIC A. SHORE, P.C.

BY: /s/Graham F. Baird
GRAHAM F. BAIRD, ESQUIRE
Two Penn Center
1500 JFK Boulevard, Suite 1240
Philadelphia, PA 19110
Attorney for Plaintiff, Colleen Behm

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COLLEEN BEHM	:	JURY DEMANDED
	:	
Plaintiff,	:	
	:	
v.	:	
	:	No. 21-2500
MACK TRUCKS, INC., ET AL	:	
	:	
Defendant.	:	

PLAINTIFF'S ANSWERS TO INTERROGATORIES OF DEFENDANT,
MACK TRUCKS, INC.

Plaintiff, COLLEEN BEHM ("Plaintiff") by and through her undersigned attorneys, hereby serves the following Answers to the Interrogatories of Defendant, MACK TRUCKS, INC. (collectively referred to as "Mack Trucks"). These answers will be supplemented as new information becomes available to Plaintiff as investigation and discovery are ongoing.

Answer to Interrogatory No. 1: Colleen Sara Behm 216 Halsey Avenue, West Lawn, PA 19609. DOBL May 22, 1989 in Pottstown, Pennsylvania. Drivers License No.: 28-617-761, Maiden Name: Colleen Sara John.

Answer to Interrogatory No. 2: Plaintiff attended Governor Mifflin High School, graduated class of 2007 in Shillington, PA. Plaintiff attended courses at Berks Technical Institute 2012, 2013 and 2014 studying Criminal Justice. Plaintiff attended online courses with the American Academy McAllister Institute in a course of funeral directing.

Answer to Interrogatory No. 3: Plaintiff has not obtained any statements in this matter from any witness or other source. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Answer.



Answer to Interrogatory No. 4: See Plaintiff's computation of damages set forth in the R. 26 disclosures. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Answer.

Answer to Interrogatory No. 5: Plaintiff identifies the following medical providers in response to Interrogatory No. 5.

Green Hills Family Medicine Family Doctor Kimberly Rauenzahn Brent Calhoon 1903 Morgantown Road Reading, PA 19607 610-777-4040	Muallem & Strieb OB/GYN 1330 Penn Avenue Wyomissing, PA 19610
Family Medicine Tower Health Evan Nakib 950B North Wyomissing Blvd. 3rd Floor Wyomissing, PA 19610 610-898-5280	Berks Plastic Surgery 50 Commerce Drive Wyomissing, PA 19610 610-320-0200
Smith Chiropractic & Wellness Center 3443 West Penn Avenue Reading, PA 19608 610-678-8600	Grove Dental Group 2228 State Hill Road Wyomissing, PA 19610 610-379-3494
Tower Health Pulmonary Medicine Cecilia M. Smith 301 S. 7th Avenue Suite 340 Reading, PA 19611	Emkey Arthritis & Osteoporosis Clinic 1200 Broadcasting Road Suite 200 Reading, PA 19610 610-374-8133
Oncologist William M. Parrish 1160 Manheim Pike Suite 200 Lancaster, PA 17601 717-735-1972	Orthopedic Doctor Nathan Tiedeken 2201 Ridgewood Road Wyomissing, PA 19610 610-396-5163
Concern-Professional Services Counseling Services	Mental Health Counselor Jill Snively

1120-C Hobart Avenue Wyomissing, PA 19610 610-371-8035	2650 Westview Drive Wyomissing, PA 19610 610-334-5595
Tower Health Medical Group Neurology Lawrence Brzowski 301 S. 7th Avenue Suite 210 Reading, PA 19611 484-628-4656	Orthopedic Associates of Reading Craig O'Neill 850 Knitting Mills Way Wyomissing, PA 19610 610-373-8671
Tower Health Medical Group OB/GYN Deborah Consoli 4885 Demoss Road Suite 101 Reading, PA 19606 610-898-7000	

Answer to Interrogatory No. 6:

Concern-Professional Services Counseling Services 1120-C Hobart Avenue Wyomissing, PA 19610 610-371-8035	Mental Health Counselor Jill Snively 2650 Westview Drive Wyomissing, PA 19610 610-334-5595
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Answer to Interrogatory No. 7: Plaintiff was convicted of DUI in 2013, she received ARD.

Answer to Interrogatory No. 8: Plaintiff was involved in a foreclosure action in 2010 or 2011.

Answer to Interrogatory No. 9: Plaintiff applied for employment with the following employers:

Amcor—Plaintiff was hired and resigned after 2 days due to rude employees and the failure of Amcor to follow Covid 19 regulations.

Uline—Plaintiff had two interviews but was ultimately not hired;

Ocean Spray—Plaintiff had a phone interview but was not hired.

Coca-Cola—Plaintiff applied, never heard back;

Behr Paint—Plaintiff applied, never heard back;

Nestle—Plaintiff applied, never heard back;

Ashley Furniture—Two interviews, ultimately not hired;

Liberty Excavating—Phone interview, not hired;

Stanley Black and Decker—Plaintiff currently in the hiring process.

Investigation and discovery are continuing and Plaintiff reserves the right to supplement these answers.

Answers to Interrogatory No. 10: Plaintiff worked for Amcor for two days. Plaintiff is an independent contractor with the website Only Fans. By way of further answer, see Plaintiff's income statements attached to her Responses to Requests for Production.

Answer to Interrogatory No. 11: Objection. Plaintiff objects to this interrogatory on the grounds that it seeks information, outside the scope of discovery, is harassing and is not reasonably calculated to lead to the discovery of admissible evidence. Without waiver of the foregoing, Plaintiff has a Facebook page: Colleen Behm; Youtube: Colleen B, Instagram: Wild flower and ___goatxx__xx; and Plaintiff has an Only Fans: goat__xx.

Answers to Interrogatory No. 12: Plaintiff believes Cruz Rivera made admissions. Plaintiff explains as follows:

I moved from the Mack-in-Motion area to the Fuel Tanks kitting area on G-Line in the beginning half of December 2019. My new reporting supervisor was Javier Meranda, I approached Mr. Meranda during my first week in his area at work, to ask who my new union representative would be, and he told me right there it was Cruz Rivera. I told Mr. Meranda that I have upcoming court dates that require me to miss work and I need to speak with my new union representative. Mr. Meranda came back to me within an hour or two that same day with Cruz Rivera's cell phone number stating Mr. Rivera was expecting communication with me. I thanked him, and later that day I sent Mr. Rivera a text message introducing myself and explaining my upcoming court dates I had. He said he would come speak to me in person the following day, so I told him that I was working in kitting for fuel tanks and that I will see him tomorrow. The next day Mr. Rivera came to see me within the first couple hours of work. Working beside me was Isaac, who would witness some of my in-person interactions with Mr. Rivera. Mr. Rivera introduced himself, as Cruz, we shook hands, and I began to tell him my court dates that were scheduled on Wednesday January 15, 2020, that I have the option to attend over phone so I do not miss work but was for 2:30 pm, which is near the end of my shift so I wanted my superiors to know so I would not get

in trouble for being on a phone call. A court date on January 16, 2020 that I needed to attend in person. A court date on January 28, 2020 that I needed to attend in person, and I provided Mr. Rivera copies of my paperwork, proving said court dates. (attached) He told me he will put my papers in a folder to keep on record and to touch base with him a day or two before each court date so he can personally reach out to HR. He told me not to worry and since they were court mandated and I would not be penalized whatsoever. I thanked him, and went about my day as normal. I would see Mr. Rivera often on G-line because he was the union representative for the area that I worked in, but what would throw me off-guard was how often he would come to my actual working area. The first couple times were what I seemed as harmless, just him being a good union representative, asking how I am doing, if I am having any troubles, and to feel free to reach out whenever. What seemed harmless began to be followed by comments and text messages when he would leave my work area. He would say, "you look nice today", "you smell good", "it's not every day you get to work beside a good looking woman", "you must be driving the men nuts", etc. I would ignore him a majority of the time, and he would state to tell him if I would like him to stop being so forward, which I absolutely always did. I would on numerous occasions that I would "like for him to keep it professional", "I have so much going on, that I don't want to deal with this stuff at work", and to "just don't". Then sometime around holiday vacation for Christmas, and New Year's, he reached out to me in the evening (not during work) and told me he was out with some "old-timers" from Mack, swapping stories and having a great time. He would continue to make advances towards me, and was reminded to keep it professional and do not contact me while I am home with my children. He then contacted me in early hours of the morning, the next morning, while I was driving into work, apologizing, I tried to be nice and tell him its ok and to please keep it professional like I had been asking, and that same day at work he came to me and yet again continued. He was relentless, and made going to work stressful. I dreaded seeing him.

Mr. Rivera was present when I had been approached by my supervisor, Mr. Meranda, and my father-in-law at the time supervisor (name unknown) over a disagreement with my father-in-law over ear drops. Kevin Fronheiser (union chairman) was also present. This occurred mid to the end of January.

By end of January, early February I was moved from kitting area fuel tanks back to Mack in Motion. There had already been talk for numerous weeks about a lay-off and people being moved to second shift. I stressed on numerous occasions to Mr. Rivera that I could not work second shift due to being on first for my whole Mack career so far, and that I am the primary care taker of my daughter. With that being said, I also stated that her daycare is only open from 6 am-6 pm, I live almost an hour away and only have help in the mornings from my mother to get her to daycare and have no additional help after that. That second shift would be nearly impossible for me to work and that I have my son Wednesday-Sundays also. I begged and pleaded that Mr. Rivera help me. Throughout the next coming weeks, contact was minimal with Mr. Rivera, sometimes resulting in me having to flag him down when I would see him on the floor at work. He would tell me everything was fine, he has been in contact with Mr. Schmidt (who handled placement of employees) and that I was not to worry and that I am for sure, with absolute certainty staying on first shift. Mr. Rivera told me this for weeks. On Thursday February 13, 2020, in the last hour of my shift I was instructed to go to the cafeteria located at the end of L-Line to see HR and Richard Schmidt. I went as instructed. I was told I was being demoted from Production Flex to

Production and asked which line I would like to work on. I hesitantly said if I had to pick that I would like to work in kitting on L-Line. I was told that it wasn't a definite and I was then instructed to report to second shift Monday. I stressed immediately that I could not work second shift due to caring for my daughter, and the only response was "well, if you are unable than you will no longer be employed by Mack". I got up silently, in complete shock. I got ahold of Mr. Rivera right away, and he said that there has to be a mistake and he will look into it. Upon clocking out I broke into tears. I took the next day off to try and attempt to figure out how in the world I was going to do this. I reached out to Mr. Rivera where he only stated to reach out to my new union representative on arrival to second shift. That was my last interaction with Mr. Rivera.

The interactions would take place at Mack Trucks, Macungie Plant located at
7000 Alburts Road
Macungie, PA 18062

And while I was at home located at
216 Halsey Avenue
West Lawn, PA 19609

Investigation and discovery is continuing and Plaintiff reserves the right to supplement this response.

Answer to Interrogatory No. 13: Plaintiff has discussed the facts of her complaint and employment with: Kenneth Virgil, Kevin Fronheiser, Joshua Knappenberger, Desiree Willaism, Derek Jones, Jill Snively (Therapist) and Joanna Weaver.

Answer to Interrogatory No. 14: See individuals identified above and in the Plaintiff's Rule 26 Disclosures. Plaintiff will produce a witness list in advance of trial as required by the applicable case management order. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this response.

Answer to Interrogatory No. 15: To date, Plaintiff has not obtained any consulting or testifying expert in this matter. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this response.

Answer to Interrogatory No. 16: Plaintiff consulted with her undersigned attorneys in regards to these Answers.

Answer to Interrogatory No. 17: See Plaintiff's complaint and her medical records. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this response.

Answer to Interrogatory No. 18: During interactions with Mr. Rivera, Plaintiff could not complain to HR because employees must request a meeting with HR through their Union Rep. and Union Rep. is always present during those interactions. Mr. Rivera was Plaintiff's Union Rep.

Once placed on second shift, Plaintiff reached out to Kevin Fronheiser (union chairman) for help, and told him everything. He did nothing for Plaintiff.

Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Answer.

LAW OFFICES OF ERIC A. SHORE, P.C.

BY: /s/Graham F. Baird
GRAHAM F. BAIRD, ESQUIRE
Attorney for Plaintiff, Colleen Behm

Date: November 17, 2021

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COLLEEN BEHM	:	JURY DEMANDED
	:	
Plaintiff,	:	
	:	
v.	:	
	:	No. 21-2500
MACK TRUCKS, INC., ET AL	:	
	:	
Defendant.	:	

CERTIFICATE OF SERVICE

On November 17, 2021 the undersigned served the foregoing Answers to Interrogatories via e-mail upon Counsel for Defendants:

Eileen K. Keefe, Esq.
Jackson Lewis, P.C.
1601 Cherry Street
Suite 1350
Philadelphia, PA 19102
Eileen.Keefe@Jacksonlewis.com

And

Cassie R. Ehrenberg, Esq.
Cleary, Josem & Trigiani, LLP
Constitution Place
325 Chestnut Street,
Suite 200
Philadelphia, PA 19106
CEhrenberg@cjtllaw.org

LAW OFFICES OF ERIC A. SHORE, P.C.

BY: /s/Graham F. Baird
GRAHAM F. BAIRD, ESQUIRE
Two Penn Center
1500 JFK Boulevard, Suite 1240
Philadelphia, PA 19110
Attorney for Plaintiff, Colleen Behm

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COLLEEN BEHM	:	JURY DEMANDED
	:	
Plaintiff,	:	
	:	
v.	:	
	:	No. 21-2500
MACK TRUCKS, INC., ET AL	:	
	:	
Defendant.	:	

PLAINTIFF'S ANSWERS TO INTERROGATORIES OF DEFENDANT,
UNITED AUTO WORKERS, LOCAL 677

Plaintiff, COLLEEN BEHM ("Plaintiff") by and through her undersigned attorneys, hereby serves the following Answers to the Interrogatories of Defendant, UNITED AUTO WORKERS, LOCAL 677 (referred to as "Union"). These answers will be supplemented as new information becomes available to Plaintiff as investigation and discovery are ongoing.

Answer to Interrogatory No. 1: Colleen Sara Behm Maiden Name: Colleen Sara John. Plaintiff has not been know by any other names.

Answer to Interrogatory No. 2: Plaintiff has not filed any other actions or matters related to the allegations or defenses at issue in this matter.

Answer to Interrogatory No. 3: Plaintiff has discussed the facts of her complaint and employment with: Kenneth Virgil, Kevin Fronheiser, Joshua Knappenberger, Desiree Willaism, Derek Jones, Jill Snively (Therapist) and Joanna Weaver.

Answer to Interrogatory No. 4: See Plaintiff's Complaint. By way of further answer, Plaintiff is uncertain as to the exact dates that she was on medical leave from her employer. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Answer.

Answer to Interrogatory No. 5: Yes, Mr. Rivera engaged in additional sexually suggestive, inappropriate workplace advances towards Plaintiff. Plaintiff explains as follows:

I moved from the Mack-in-Motion area to the Fuel Tanks kitting area on G-Line in the beginning half of December 2019. My new reporting supervisor was Javier Meranda, I approached Mr. Meranda during my first week in his area at work, to ask who my new union representative would be, and he told me right there it was Cruz Rivera. I told Mr. Meranda that I have upcoming court dates that require me to miss work and I need to speak with my new union representative. Mr. Meranda came back to me within an hour or two that same day with Cruz Rivera's cell phone number stating Mr. Rivera was expecting communication with me. I thanked him, and later that day I sent Mr. Rivera a text message introducing myself and explaining my upcoming court dates I had. He said he would come speak to me in person the following day, so I told him that I was working in kitting for fuel tanks and that I will see him tomorrow. The next day Mr. Rivera came to see me within the first couple hours of work. Working beside me was Isaac, who would witness some of my in-person interactions with Mr. Rivera. Mr. Rivera introduced himself, as Cruz, we shook hands, and I began to tell him my court dates that were scheduled on Wednesday January 15, 2020, that I have the option to attend over phone so I do not miss work but was for 2:30 pm, which is near the end of my shift so I wanted my superiors to know so I would not get in trouble for being on a phone call. A court date on January 16, 2020 that I needed to attend in person. A court date on January 28, 2020 that I needed to attend in person, and I provided Mr. Rivera copies of my paperwork, proving said court dates. (attached) He told me he will put my papers in a folder to keep on record and to touch base with him a day or two before each court date so he can personally reach out to HR. He told me not to worry and since they were court mandated and I would not be penalized whatsoever. I thanked him, and went about my day as normal. I would see Mr. Rivera often on G-line because he was the union representative for the area that I worked in, but what would throw me off-guard was how often he would come to my actual working area. The first couple times were what I seemed as harmless, just him being a good union representative, asking how I am doing, if I am having any troubles, and to feel free to reach out whenever. What seemed harmless began to be followed by comments and text messages when he would leave my work area. He would say, "you look nice today", "you smell good", "it's not every day you get to work beside a good looking woman", "you must be driving the men nuts", etc. I would ignore him a majority of the time, and he would state to tell him if I would like him to stop being so forward, which I absolutely always did. I would on numerous occasions that I would "like for him to keep it professional", "I have so much going on, that I don't want to deal with this stuff at work", and to "just don't". Than sometime around holiday vacation for Christmas, and New Year's, he reached out to me in the evening (not during work) and told me he was out with some "old-timers" from Mack, swapping stories and having a great time. He would continue to make advances towards me, and was reminded to keep it professional and do not contact me while I am home with my children. He then contacted me in early hours of the morning, the next morning, while I was driving into work, apologizing, I tried to be nice and tell him its ok and to please keep it professional like I had been asking, and that same day at work he came to me and yet again continued. He was relentless, and made going to work stressful. I dreaded seeing him.

Mr. Rivera was present when I had been approached by my supervisor, Mr. Meranda, and my father-in-law at the time supervisor (name unknown) over a disagreement with my father-in-law over ear drops. Kevin Fronheiser (union chairman) was also present. This occurred mid to the end of January.

By end of January, early February I was moved from kitting area fuel tanks back to Mack in Motion. There had already been talk for numerous weeks about a lay-off and people being moved to second shift. I stressed on numerous occasions to Mr. Rivera that I could not work second shift due to being on first for my whole Mack career so far, and that I am the primary care taker of my daughter. With that being said, I also stated that her daycare is only open from 6 am-6 pm, I live almost an hour away and only have help in the mornings from my mother to get her to daycare and have no additional help after that. That second shift would be nearly impossible for me to work and that I have my son Wednesday-Sundays also. I begged and pleaded that Mr. Rivera help me. Throughout the next coming weeks, contact was minimal with Mr. Rivera, sometimes resulting in me having to flag him down when I would see him on the floor at work. He would tell me everything was fine, he has been in contact with Mr. Schmidt (who handled placement of employees) and that I was not to worry and that I am for sure, with absolute certainty staying on first shift. Mr. Rivera told me this for weeks. On Thursday February 13, 2020, in the last hour of my shift I was instructed to go to the cafeteria located at the end of L-Line to see HR and Richard Schmidt. I went as instructed. I was told I was being demoted from Production Flex to Production and asked which line I would like to work on. I hesitantly said if I had to pick that I would like to work in kitting on L-Line. I was told that it wasn't a definite and I was then instructed to report to second shift Monday. I stressed immediately that I could not work second shift due to caring for my daughter, and the only response was "well, if you are unable than you will no longer be employed by Mack". I got up silently, in complete shock. I got ahold of Mr. Rivera right away, and he said that there has to be a mistake and he will look into it. Upon clocking out I broke into tears. I took the next day off to try and attempt to figure out how in the world I was going to do this. I reached out to Mr. Rivera where he only stated to reach out to my new union representative on arrival to second shift. That was my last interaction with Mr. Rivera.

The interactions would take place at Mack Trucks, Macungie Plant located at
7000 Alburtis Road
Macungie, PA 18062

And while I was at home located at
216 Halsey Avenue
West Lawn, PA 19609

Investigation and discovery is continuing and Plaintiff reserves the right to supplement this response.

Answer to Interrogatory No. 6: Please see Plaintiff's Answer to Interrogatory No. 5.

Answer to Interrogatory No. 7: Please see Plaintiff's Answer to Interrogatory No. 5, set forth above and Plaintiff's Complaint. By way of further answer, this Interrogatory seeks responses to a legal conclusion. Plaintiff is alleging that Mr. Rivera sexually harassed her and created a hostile working environment, Plaintiff makes no claim in the complaint that Rivera, or her union breached their fiduciary duty to the Plaintiff.

Answer to Interrogatory No. 8: Please see Plaintiff's Answer to Interrogatory No. 5, set forth above and Plaintiff's Complaint. By way of further answer, this Interrogatory seeks responses to a legal conclusion.

Answer to Interrogatory No. 9: Please see Plaintiff's Answer to Interrogatory No. 5, set forth above and Plaintiff's Complaint. By way of further answer, this Interrogatory seeks responses to a legal conclusion. Plaintiff believes that the sexual harassment from Mr. Rivera and her complaints of sexual harassment against Mr. Rivera resulted in retaliation against her from the Union, including a lack of diligence in protecting her leaves, or otherwise preventing the Defendant Mack Trucks from terminating her employment. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Answer.

Answer to Interrogatory No. 10: Please see Plaintiff's Answer to Interrogatory No. 5, set forth above and Plaintiff's Complaint. By way of further answer, this Interrogatory seeks responses to a legal conclusion. Plaintiff believes that the sexual harassment from Mr. Rivera and her complaints of sexual harassment against Mr. Rivera resulted in retaliation against her from the Union, including a lack of diligence in protecting her leaves, or otherwise preventing the Defendant Mack Trucks from terminating her employment. At this time, there is no claim that Defendant Mack Trucks breached the CBA. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Answer.

Answer to Interrogatory No. 11: Plaintiff is uncertain as to whether any grievance was filed by or on her behalf against Defendant Mack Trucks, inc. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this response.

Answer to Interrogatory No. 12: Plaintiff is uncertain as to whether any grievance was filed by or on her behalf against Defendant Mack Trucks, inc. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this response.

Answer to Interrogatory No. 13: No.

Answer to Interrogatory No. 14: No. By way of further answer. Please see Plaintiff's Answer to Interrogatory No. 5, set forth above and Plaintiff's Complaint. By way of further answer, this Interrogatory seeks responses to a legal conclusion. Plaintiff is alleging that Mr. Rivera sexually harassed her and created a hostile working environment, Plaintiff makes no claim in the complaint that Rivera, or her union breached their fiduciary duty to the Plaintiff.

Answer to Interrogatory No. 15: Plaintiff identifies the following medical providers in response to Interrogatory No. 15.

Green Hills Family Medicine Family Doctor Kimberly Rauenzahn Brent Calhoon 1903 Morgantown Road Reading, PA 19607 610-777-4040	Muallem & Strieb OB/GYN 1330 Penn Avenue Wyomissing, PA 19610
Family Medicine Tower Health Evan Nakib 950B North Wyomissing Blvd. 3rd Floor Wyomissing, PA 19610 610-898-5280	Berks Plastic Surgery 50 Commerce Drive Wyomissing, PA 19610 610-320-0200
Smith Chiropractic & Wellness Center 3443 West Penn Avenue Reading, PA 19608	Grove Dental Group 2228 State Hill Road Wyomissing, PA 19610

610-678-8600	610-379-3494
Tower Health Pulmonary Medicine Cecilia M. Smith 301 S. 7th Avenue Suite 340 Reading, PA 19611	Emkey Arthritis & Osteoporosis Clinic 1200 Broadcasting Road Suite 200 Reading, PA 19610 610-374-8133
Oncologist William M. Parrish 1160 Manheim Pike Suite 200 Lancaster, PA 17601 717-735-1972	Orthopedic Doctor Nathan Tiedeken 2201 Ridgewood Road Wyomissing, PA 19610 610-396-5163
Concern-Professional Services Counseling Services 1120-C Hobart Avenue Wyomissing, PA 19610 610-371-8035	Mental Health Counselor Jill Snively 2650 Westview Drive Wyomissing, PA 19610 610-334-5595
Tower Health Medical Group Neurology Lawrence Brzowski 301 S. 7th Avenue Suite 210 Reading, PA 19611 484-628-4656	Orthopedic Associates of Reading Craig O'Neill 850 Knitting Mills Way Wyomissing, PA 19610 610-373-8671
Tower Health Medical Group OB/GYN Deborah Consoli 4885 Demoss Road Suite 101 Reading, PA 19606 610-898-7000	

Answer to Interrogatory No. 16: See Plaintiff's computation of damages set forth in the R. 26 disclosures. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Answer.

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COLLEEN BEHM	:	JURY DEMANDED
	:	
Plaintiff,	:	
	:	
v.	:	
	:	No. 21-2500
MACK TRUCKS, INC., ET AL	:	
	:	
Defendant.	:	

CERTIFICATE OF SERVICE

On December 17, 2021 the undersigned served the foregoing Answers to Union Interrogatories via e-mail upon Counsel for Defendants:

Eileen K. Keefe, Esq.
Jackson Lewis, P.C.
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And

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LAW OFFICES OF ERIC A. SHORE, P.C.

BY: /s/Graham F. Baird
GRAHAM F. BAIRD, ESQUIRE
Two Penn Center
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Philadelphia, PA 19110
Attorney for Plaintiff, Colleen Behm

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COLLEEN BEHM	:	JURY DEMANDED
	:	
Plaintiff,	:	
	:	
v.	:	
	:	No. 21-2500
MACK TRUCKS, INC., ET AL	:	
	:	
Defendant.	:	

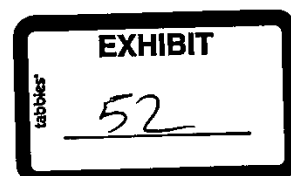
**PLAINTIFF'S RESPONSES TO REQUESTS FOR PRODUCTION OF DOCUMENTS
OF DEFENDANT, MACK TRUCKS, INC.**

Plaintiff, COLLEEN BEHM ("Plaintiff") by and through her undersigned attorneys, hereby serves the following Responses to the Requests for Production of Documents of Defendant, MACK TRUCKS, INC. (collectively referred to as "Mack Trucks"). These responses will be supplemented as new information becomes available to Plaintiff as investigation and discovery are ongoing.

Response to Request for Production of Documents Nos. 1-10: See attached documents. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents No. 11-12: Plaintiff has no documents in her possession or under her control responsive to this Request. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents Nos. 13: Objection. Plaintiff objects to this Request on the grounds that it is harassing, unduly burdensome, seeks irrelevant materials and if not proportional to the needs of the litigation.



Response to Request for Production of Documents Nos. 14-16: See attached documents. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents No. 17: Plaintiff has no documents in her possession or under her control responsive to this Request. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents No. 18-24: Plaintiff has no documents in her possession or under her control responsive to this Request. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents No. 25-27: See attached documents. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents No. 28: Plaintiff has no documents in her possession or under her control responsive to this Request. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents Nos. 29-30: Plaintiff has not retained any consulting or testifying expert in regards to this matter, as such Plaintiff has no documents in her possession or under her control responsive to this Request. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents No. 31: Plaintiff has no documents in her possession or under her control responsive to this Request. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents No. 32-34: See attached documents. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

Response to Request for Production of Documents No. 35: Plaintiff has produced all documents she has responsive to Defendant, Mack's requests for production of documents in this matter. Investigation and discovery is continuing and Plaintiff reserves the right to supplement this Response.

LAW OFFICES OF ERIC A. SHORE, P.C.

BY: /s/Graham F. Baird
GRAHAM F. BAIRD, ESQUIRE
Attorney for Plaintiff, Colleen Behm

Date: November 17, 2021

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COLLEEN BEHM	:	JURY DEMANDED
Plaintiff,	:	
v.	:	
MACK TRUCKS, INC., ET AL	:	No. 21-2500
Defendant.	:	

CERTIFICATE OF SERVICE

On November 17, 2021 the undersigned served the foregoing Responses to Requests for Production of Documents via e-mail upon Counsel for Defendants:

Eileen K. Keefe, Esq.
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LAW OFFICES OF ERIC A. SHORE, P.C.

BY: /s/Graham F. Baird
GRAHAM F. BAIRD, ESQUIRE
Two Penn Center
1500 JFK Boulevard, Suite 1240
Philadelphia, PA 19110
Attorney for Plaintiff, Colleen Behm

10:30



__goat__xx



102
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Mrs. B

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Behm v. Mack Trucks, et al.

MACK0785



JA000532

11:01



coreythebutcherbehm



48 likes

coreythebutcherbehm I love you ___wild_flower

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August 15



11:14



← Posts



__goat__xx



221 likes

__goat__xx the bullet & the barrel 🦏

4 days ago



__goat__xx



1:22

4G LTE 76%




188 likes

__goat__xx Everyone has their own reasons for plastic surgery. I am a very shy person to be completely honest. My marriage made me extremely insecure with the cheating and abuse but after my breast augmentation it boosted my confidence. Buuuuut then i started breaking myself down because my upper body seemed bigger than my lower body. Sooo with that being said I got insecure again. I'm going to be undergoing a BBL (Brazilian Butt lift) next month and I couldn't be any more excited. Time to even out my body frame and feel better! Ladies, don't think for a second that doing something for yourself to boost your self esteem is wrong. Go get crazy hair. Go chop your hair off. Go get that tattoo. Go get that piercing. Go travel the world. Go do whatever makes you happy and will boost your confidence. Besides drugs and alcohol. Those are never the answer 🤔 thank you for all your support. I'll keep you all posted on my Pre-Op. my surgery. && recovery. ❤️

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February 25

__goat__xx

1:22 

4G LTE 76% 

← Posts




_goat_xx






188 likes

_goat_xx Everyone has their own reasons for plastic surgery. I am a very shy person to be completely honest. My marriage made me



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 4G  76% 

← Posts



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__goat__xx Posty Concert  

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February 23



1:26

75%

June 11, 2019



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201 likes


__goat__xx Now that the talented photographer @fromtherooftops_photography shared it... more

June 8, 2019



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10:05 



[__goat__xx](#) Forgiveness is the fragrance the violet
sheds on the heel that has crushed it.... more

July 21



[__goat__xx](#)



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[__goat__xx](#) maybe life isn't about avoiding the
bruises. maybe it's about collecting the sca... more

July 21



10:04



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__goat__xx just me & my girlfriend @desiree.slays

@chadharnish

July 25

